SINCE DEPUIS 1919

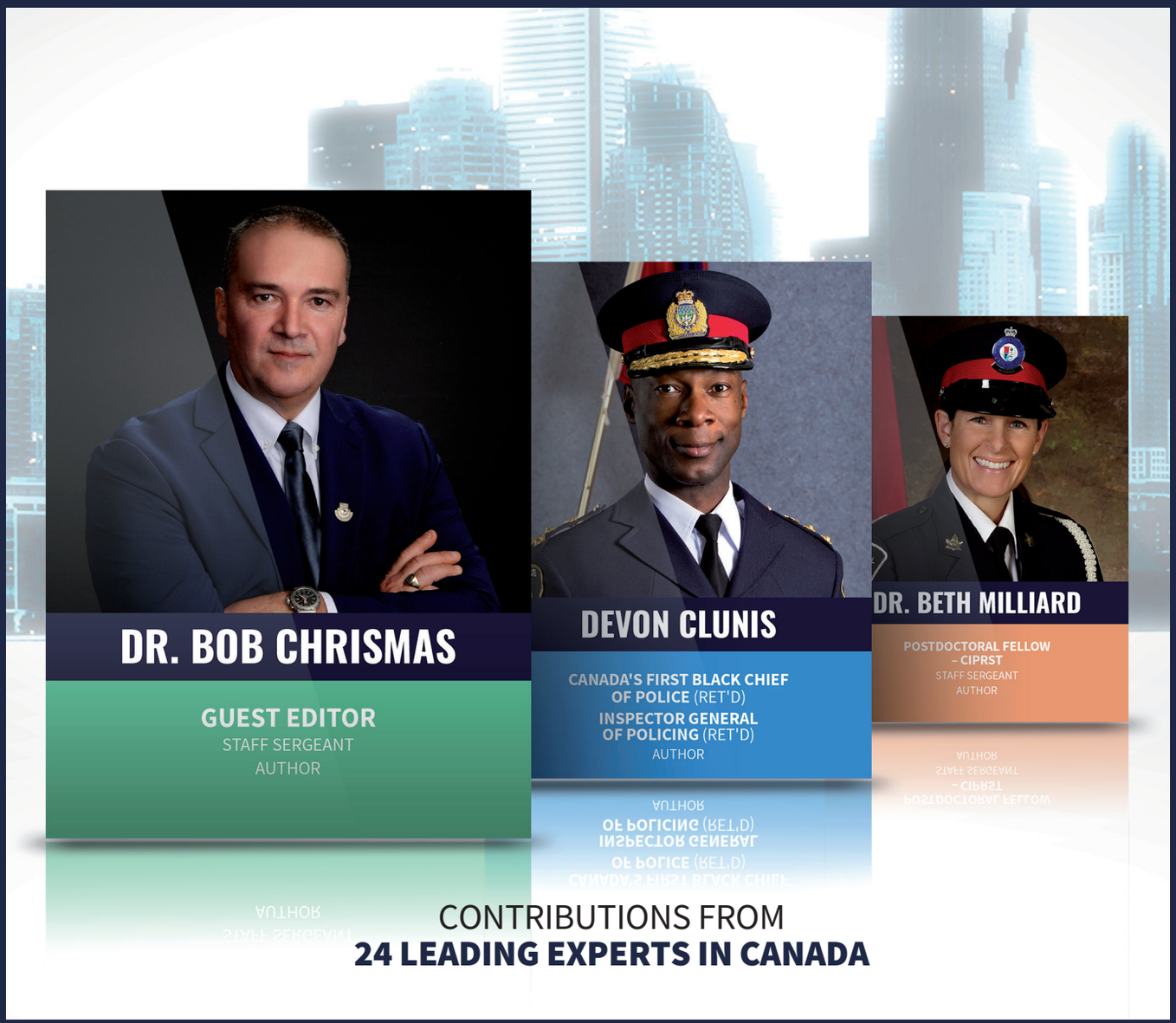
JUSTICE

Vol.38 ACTUALITÉS - REPORT No.2

CANADIAN CRIMINAL JUSTICE ASSOCIATION - ASSOCIATION CANADIENNE DE JUSTICE PÉNALE

PEER SUPPORT BY & FOR CANADIAN PUBLIC SAFETY PERSONNEL (PSP)

GUEST EDITOR - STAFF SERGEANT DR. ROBERT (BOB) CHRISMAS



CONTRIBUTIONS FROM
24 LEADING EXPERTS IN CANADA

The JUSTICE REPORT contains information of value to Association readers and the public interested in matters related to the administration of justice in Canada. Opinions expressed in this publication do not necessarily reflect the Association's views, but are included to encourage reflection and action on the criminal justice system throughout Canada.

For more information on the activities of the CCJA, please contact:

L'ACTUALITÉS JUSTICE renferme des renseignements utiles aux lecteurs de l'Association et au public qui s'intéressent aux questions relatives à l'administration de la justice au Canada. Les opinions qui sont exprimées ne reflètent pas nécessairement les vues de l'Association, mais y figurent afin d'encourager à réfléchir et à agir sur la justice pénale dans tout le Canada.

Pour obtenir de plus amples renseignements sur les activités de l'Association, veuillez communiquer avec :

CANADIAN CRIMINAL JUSTICE ASSOCIATION
ASSOCIATION CANADIENNE DE JUSTICE PÉNALE
P • 101-320, av. Parkdale Ave., Ottawa, Ontario, Canada K1Y 4X9
T • 613 725.3715 | F • 613 725.3720 | E • ccja-acjp@rogers.com
ccja-acjp.ca

NANCY WRIGHT, EDITOR-IN-CHIEF SINCE 2012.
NANCY WRIGHT, RÉDACTRICE EN CHEF DEPUIS 2012.
E • ccjapubsacjp@gmail.com

ISSN 2563-3449 (Print) ISSN 2563-3457 (Online)

JUSTICE

Vol.38 **ACTUALITÉS - REPORT** No.2

EDITORIAL

STAFF SERGEANT
DR. ROBERT (BOB) CHRISMAS
Guest Editor

On the Right Path, and a Long Way to Go: Mental Health and Emergency Frontline Service Providers in Canada

Having worked my entire adult life as a peacekeeper in law enforcement and the armed forces, I am well placed to comment on how things have changed over time. My first book, *Canadian Policing in the 21st Century: A Frontline Officer on Challenges and Changes* (McGill-Queens University Press, 2013), outlines such change in the policing profession since I started in 1989. My recruit class wrote reports on manual typewriters as there were no desktop computers. We also had no pepper spray or tasers and did not carry Narcan, tourniquets and chest seals, all of which we now take for granted.

The other massive change I've seen, over the past 34 years in policing, is the growing intensity and frequency of violence fuelled by an ongoing crisis of street drugs—all complicated by COVID over the past couple of years. The ever-increasing intensity of social ills, across Canada, has added to the pressure on frontline emergency services.

Drive-by shootings and violent knife attacks were once extraordinary occurrences in my city. Now they are a routine part of daily police work. As a frontline officer and supervisor, I have noticed an almost-daily increase in the workload and dangers facing police officers, exacerbated by a critical public. Every citizen with a smartphone is a potential citizen journalist. It is not uncommon for officers to see themselves streaming on social media even before getting back to the station after a volatile event. Civilian oversite has increased, making policing one of the most - if not the most - scrutinized professions. All these elements add up to a great deal more stress than ever imagined in the early years of my career. In relation to trauma, moral injury (MI) can be as much a source as physical injury. While most PSP emergency frontline personnel experience post-traumatic stress, some develop full-blown mental illness especially if untreated. Hence the high rates of suicide within our profession.

The "old-school" culture in policing and emergency service said to leave personal problems at home, and never bring them to work. This old mentality is why very few internal resources were available, and the potential stigma and career implications were enough to deter most from seeking help. Over many years, Post-Traumatic Stress Disorder (PTSD) has slowly become more widely recognized as a work-related injury. Critical Incident Stress Management (CISM), an intervention protocol, is advancing and proactive mental health training, awareness and policies are evolving. I would characterize mental health for PSP as having come a long way in the last two decades, however, there is still a long way to go.

There are now many opportunities for improved policy and practices, resources, and research on the best ways to address PSP operational stress injuries, PTSD, and proactive mental health. This Special Issue of the *JUSTICE Report* highlights some challenges faced by PSP and the solutions being sought by some of Canada's leading experts.

ÉDITORIAL

SERGENT ÉTAT-MAJOR
DR. ROBERT (BOB) CHRISMAS
Rédacteur invité

Sur la bonne voie, et encore un long chemin à parcourir : Santé mentale et des services de première ligne au Canada

Ayant travaillé toute ma vie d'adulte comme gardien de la paix dans les forces de l'ordre et les forces armées, je suis bien placé pour parler les grands changements au fil du temps. Mon premier livre au sujet, *Canadian Policing in the 21st Century: A Frontline Officer on Challenges and Changes* (McGill-Queens University Press, 2013), décrit l'évolution de la profession policière depuis mon début en 1989. Ma classe de recrue a tapé nos rapports, alors qu'on n'avait pas d'ordinateurs. On n'avait ni du spray au poivre, ni de Taser, Narcan, garrot ou pansement occlusif, ce que nous tenons maintenant pour acquis.

L'autre grand changement que j'ai constaté ces 34 dernières années chez les services de police a été l'intensité et la fréquence croissante de la violence-alimentée par la crise continue des drogues de rue, qui a été compliquées au cours des dernières années par la COVID-19. L'intensité des maux sociaux augmente sans cesse, partout au Canada, ce qui augmente également la pression sur les services d'urgence de première ligne.

Autrefois, les voitures piégées et les attaques au couteau étaient des événements importants dans ma ville. Maintenant, ils font partie du travail quotidien de la police. En tant qu'officier de première ligne et superviseur, j'ai vu la charge de travail et les dangers augmenter pour les policiers, exacerbés par un public de plus en plus critique. Chaque citoyen possédant un téléphone cellulaire est devenu un « journaliste » potentiel. Il n'est pas rare pour les agents de se voir sur les médias sociaux avant même de revenir au bureau après un incident explosif. La surveillance civile a augmenté, faisant de la police l'une des professions les plus supervisées, voire la plus supervisée. Tout ceci engendre beaucoup plus de stress qu'on aurait pu imaginer au début de ma carrière. La blessure morale peut être autant une source de traumatisme que les blessures physiques. La plupart des employés de première ligne souffrent régulièrement de troubles de stress post-traumatique (TSPT), certains développent une maladie mentale grave, surtout si elle est négligée, causant les taux de suicide anormalement élevés dans notre profession.

La culture de la vieille école des forces de l'ordre et des services d'urgence en général stipulent qu'il faut laisser les problèmes personnels à la maison et ne jamais les amener au travail. Par conséquent, très peu de ressources étaient disponibles. La stigmatisation et les répercussions perçues sur la carrière ont suffi à décourager la plupart des gens de chercher de l'aide. Lentement, avec les années, l'état de stress post-traumatique (ESPT) est devenu plus largement reconnu comme une blessure de travail. La gestion du stress lié aux incidents critiques (GSIC), un protocole d'intervention, progresse à mesure que la sensibilisation et les politiques proactives en matière de santé mentale évoluent. Je dirais que la santé mentale pour le PSP a beaucoup évolué au cours des 20 dernières années, mais il reste encore un long chemin à parcourir.

Il existe maintenant de nombreuses occasions d'améliorer les politiques, les pratiques, les ressources et la recherche sur les meilleures façons de traiter les blessures de stress opérationnel, le TSPT et la santé mentale proactive. Ce numéro spécial de l'*Actualités JUSTICE* souligne certains des défis auxquels sont confrontés les PSP, et les solutions recherchées par certains des principaux experts canadiens.

Public Safety Personnel: Current Challenges and Opportunities

DR. R. NICHOLAS CARLETON
R.D.Psych., CIPSRT Scientific Director

Prevalence of posttraumatic stress injuries (PTSI) among public safety personnel (PSP) appears dramatically higher than for the general population. The difference appears linked to organizational stressors and occupational stressors. Peer-reviewed studies indicate variable results from many existing programs designed to help, but much new research is underway. For example, an Internet-delivered Cognitive Behavioural Therapy program led by Dr. Heather Hadjistavropoulos (U. of Regina) is delivering positive results in several provinces, while the RCMP is conducting research into building proactive solutions. There is also a national Public Safety Steering Committee for PTSI engaging with the Canadian Institute for Public Safety Research and Treatment (a knowledge hub), Public Safety Canada, the Canadian Institutes of Health Research, and multiple other government bodies and organizations. Across all mental health programs, additional research is needed.

Public safety personnel (PSP) include diverse professionals such as border services personnel, correctional workers, firefighters, operational and intelligence personnel, paramedics, police, public safety communicators, and search and rescue personnel (Canadian Institute for Public Safety Research and Treatment; CIPSRT, 2019). PSP work is extraordinarily challenging, involving numerous operational (e.g., shift work, public scrutiny) and organizational (e.g., staff shortages, inconsistent leadership styles) stressors (Carleton et al., 2020).

PSP are routinely exposed to potentially psychologically traumatic events (PPTE) including direct or indirect exposures to actual or threatened death, serious injury, or sexual violence (CIPSRT, 2019). The average PSP reports experiencing hundreds or even thousands of PPTE exposures (Carleton et al., 2019), whereas 50-90% in the general population experience fewer than five PPTE in their lifetimes (Benjet et al., 2016; Kilpatrick et al., 2013; Perrin et al., 2014). Nearly half (44.5%) of PSP screen positive for one or more posttraumatic stress injuries (PTSI; e.g., major depressive disorder, panic disorder) at any given time (Carleton, Afifi, Turner, Taillieu, Duranceau, et al., 2018), which greatly exceeds the 10.1% diagnostic prevalence among the general population (Statistics Canada, 2012).

Many PSP report suicidal behaviours during the past year (i.e., ideation [10.1%], planning [4.1%], attempts [0.3%]) or during their lifetimes (i.e., ideation [27.8%], planning [13.3%], attempts [4.6%]) (Carleton, Afifi, Turner, Taillieu, LeBouthillier, et al., 2018), all of which also exceed the general population reported lifetime rates of suicidal ideation (11.8%), planning (4.0%), and attempts (3.1-3.5%) (Sareen et al., 2016).

The tremendous challenges facing PSP with respect to mental health have been met with increasing awareness, commitments, and efforts to provide evidence-based supports (Carleton, 2021; Oliphant, 2016); for example, Dr. Heather Hadjistavropoulos (University of Regina) is leading an evidence-based Internet-delivered Cognitive Behavioural Therapy program tailored for treating PSP with PTSI, called PSPNET (www.pspnet.ca). The program was originally deployed in Saskatchewan and Quebec, and recently extended to Ontario, New Brunswick, Nova Scotia, and Prince Edward Island. Results have been extremely positive, with diverse PSP reporting statistically significant and substantial improvements in mental health (Hadjistavropoulos, 2021; McCall et al., 2021). PSP have almost unanimously described the program

University of Regina

CIPSRT
Canadian Institute for Public Safety Research and Treatment

ICRTSP
Institut canadien de recherche et de traitement en sécurité publique

RESEARCH THAT HAS IMPACT | UNE ÉTUDE QUI A DE L'IMPACT

EVALUATING WELLNESS PRODUCTS AND SERVICES INTENDED FOR PUBLIC SAFETY PERSONNEL

Created by the Canadian Association of Chiefs of Police Psychological Services Subcommittee and Adapted with Permission for CIPSRT Dissemination

ÉVALUER LES OFFRES SERVICES DE MIEUX-ÊTRE À L'INTENTION DU PERSONNEL DE LA SÉCURITÉ PUBLIQUE

Créé par le sous-comité de services psychologiques de l'Association canadienne des chefs de police et adapté avec autorisation à des fins de diffusion par l'ICRTSP

Visit us by scanning the QR code, or at **cipsrt-icrtsp.ca** | Visitez-nous en scannant le code QR ou en vous rendant à **cipsrt-icrtsp.ca**

as worth their time and something to which they would refer colleagues (Hadjistavropoulos, 2021; McCall et al., 2021). The team is actively working to support expansion efforts across Canada.

Evidence regarding proactive and resilience training program effectiveness remains sparse (Anderson et al., 2020; Leppin et al., 2014; Robertson et al., 2015; Wild, El-Salahi, et al., 2020; Wild, Greenberg, et al., 2020). Among the hundreds of Canadian PSP mental health programs, almost all are focused on changing individual PSP, with almost none focused on addressing systemic or structural challenges (Carleton et al., 2020; Ricciardelli et al., 2020). Very few mental health programs for PSP have peer-reviewed research supporting their effectiveness (Anderson et al., 2020; Di Nota et al., 2021).

The few peer-reviewed studies available use cross-sectional data, short follow-up periods, and very modest assessments to evaluate their impact (Anderson et al., 2020; Di Nota et al., 2021; Gallagher et al., 2015). The available results also suggest most programs produce small, time-limited, and highly variable benefits (Carleton, Korol, et al., 2018; Leppin et al., 2014; Robertson et al., 2015; Stelnicki et al., 2021; Szeto et al., 2019; Wild, El-Salahi, et al., 2020). Accordingly, the Royal Canadian Mounted Police (RCMP) undertook a large, multi-faceted, and multi-modal research study (i.e., "the RCMP Study"; www.rcmpstudy.ca) to develop, deploy, and longitudinally evaluate an extensive evidence-informed solution to protect member mental health (Carleton et al., 2022).

The RCMP Study includes ongoing evidence-based biopsychosocial assessments (i.e., biometrics, clinical interviews, self-reported symptoms, social experiences) that support ongoing self-monitoring as well as earlier access to evidence-based interventions (Carleton et al., 2022), such as Internet-delivered therapy for PSP (i.e., PSPNET). The RCMP Study also includes an evaluation comparing the standard Cadet Training Program to an augmented program that incorporates a tailored version of the evidence-based Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders (Barlow et al., 2018; Barlow et al., 2014; Carleton et al., 2022).

The RCMP Study protocol is now being trialed with a diverse sample of other PSP organizations (Carleton et al., 2022). There is ongoing need for many more longitudinal evaluations of all PSP programming. There is also a massive unmet need for longitudinal research on programs designed specifically to support PSP leaders. We also need longitudinal research on addressing modifiable systemic and structural challenges that could be changed to better support PSP mental health.

CIPSRT
ICRTSP

The Public Safety Steering Committee (PSSC) is a national standing committee whose members represent federal, provincial, territorial, and municipal public safety organizations. The PSSC engages in collaboration with the Canadian Institute for Public Safety Research and Treatment (www.cipsrt-icrtsp.ca), Public Safety Canada (PSC), and the Canadian Institutes of Health Research (CIHR) on matters related to the health and well-being of current and former Canadian PSP, their leaders, and their families (Carleton, 2021). The PSSC includes leadership representatives from each of the following organizations: the Association of Public-Safety Communications Officials, Canadian Association of Chiefs of Police, Canadian Association of Fire Chiefs, Canadian Association for Police Governance, Canadian Border Security Agency, Canadian Police Association, Correctional Service of Canada, International Association of Firefighters, Paramedic Association of Canada, Paramedic Chiefs of Canada, Royal Canadian Mounted Police, and the Union of Safety and Justice Employees. Actively advocating for stakeholders to prioritize the development and dissemination of evidence-based solutions to support PSP health has been a primary role of the PSSC since inception in 2018.

Addressing the mental health challenges PSP can face as a function of their service should always have been a community priority supported by all levels of government, but that priority has been made urgent by the compounding occupational stressors and PSP health challenges created by COVID-19 (Heber et al., 2020). In July of 2022, the Public Health Agency of Canada has invested $28.2M through several initiatives designed to provide evidence-informed supports directly to frontline PSP, among other selected groups, because of the COVID-19 related health challenges. Details on the initiatives and the associated evaluations can be found through the Canadian Institute for Pandemic Health Education and Response (CIPHER; https://cipher-iceisp.ca). There are numerous other opportunities to support innovative evidence-based solutions to support PSP, including supporting and expanding capacity CIPSRT (Carleton, 2021); however, all such solutions require

broad stakeholder engagement, political advocacy, and recognizing that we have a moral duty to help protect all those who serve. ■

REFERENCES

Anderson, G. S., Di Nota, P. M., Groll, D., & Carleton, R. N. (2020). Peer support and crisis-focused psychological interventions designed to mitigate post-traumatic stress injuries among public safety and frontline healthcare personnel: a systematic review. *International Journal of Environmental Research and Public Health 17*: 7645. **https://doi.org/10.3390/ijerph17207645**

Barlow, D. H., Farchione, T. J., Sauer-Zavala, S., Latin, H. M., Ellard, K. K., Bullis, J. R., Bentley, K. H., Boettcher, H. T., & Cassiello-Robbins, C. (2018). Unified Protocol for Transdiagnostic Treatment of Emotional Disorders: Therapist Guide. Oxford University Press.

Barlow, D. H., Sauer-Zavala, S., Carl, J. R., Bullis, J. R., & Ellard, K. K. (2014). The Nature, Diagnosis, and Treatment of Neuroticism: Back to the Future. *Clinical Psychological Science*, 344-365. **https://doi.org/10.1177/2167702613505532**

Benjet, C., Bromet, E., Karam, E. G., Kessler, R. C., McLaughlin, K. A., Ruscio, A. M., Shahly, V., Stein, D. J., Petukhova, M., Hill, E., Alonso, J., Atwoli, L., Bunting, B., Bruffaerts, R., Caldas-de-Almeida, J. M., de Girolamo, G., Florescu, S., Gureje, O., Huang, Y., . . . Koenen, K. C. (2016). The epidemiology of traumatic event exposure worldwide: results from the World Mental Health Survey Consortium. *Psychological Medicine 46*(2): 327-343. **https://doi.org/10.1017/S0033291715001981**

Canadian Institute for Public Safety Research and Treatment (CIPSRT). (2019). Glossary of terms: A shared understanding of the common terms used to describe psychological trauma (version 2.1). Author. **https://doi.org/hdl.handle.net/10294/9055**

Carleton, R. N. (2021). Collaborating to Support the Mental Health of Public Safety Personnel: The Canadian Institute for Public Safety Research and Treatment (CIPSRT). *Canadian Psychology-Psychologie Canadienne 62*(2) : 167-173. **https://doi.org/10.1037/cap0000267**

Carleton, R. N., Afifi, T. O., Taillieu, T., Turner, S., Krakauer, R., Anderson, G. S., MacPhee, R. S., Ricciardelli, R., Cramm, H. A., Groll, D., & McCreary, D. (2019). Exposures to Potentially Traumatic Events Among Public Safety Personnel in Canada. *Canadian Journal of Behavioural Science 51*(1): 37-52. **https://doi.org/10.1037/cbs0000115**

Carleton, R. N., Afifi, T. O., Taillieu, T., Turner, S., Mason, J. E., Ricciardelli, R., McCreary, D. R., Vaughan, A., Anderson, G. S., Krakauer, R., Donnelly, E. A., Camp, R. D. I., Groll, D., Cramm, H. A., MacPhee, R. S., & Griffiths, C. T. (2020). Assessing the Relative Impact of Diverse Stressors Among Public Safety Personnel. *International Journal of Environmental Research and Public Health 17*(4):1234. **https://doi.org/10.3390/ijerph17041234**

Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., Duranceau, S., LeBouthillier, D. M., Sareen, J., Ricciardelli, R., MacPhee, R. S., Groll, D., Hozempa, K., Brunet, A., Weekes, J. R., Griffiths, C. T., Abrams, K. J., Jones, N. A., Beshai, S., Cramm, H. A., Dobson, K. S., . . . Asmundson, G. J. G. (2018). Mental Disorder Symptoms Among Public Safety Personnel. Canadian Journal of Psychiatry, 63(1): 54-64. https://doi.org/10.1177/0706743717723825

Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., LeBouthillier, D. M., Duranceau, S., Sareen, J., Ricciardelli, R., MacPhee, R. S., Groll, D., Hozempa, K., Brunet, A., Weekes, J. R., Griffiths, C. T., Abrams, K. J., Jones, N. A., Beshai, S., Cramm, H. A., Dobson, K. S., . . . Asmundson, G. J. G. (2018). Suicidal ideation, plans, and attempts among public safety personnel in Canada. *Canadian Psychology/Psychologie canadienne 59*(3) : 220-231. **https://doi.org/10.1037/cap0000136**

Carleton, R. N., Korol, S., Mason, J. E., Hozempa, K., Anderson, G. S., Jones, N. A., & Bailey, S. (2018). A longitudinal assessment of the road to mental readiness training among municipal police. *Cognitive Behaviour Therapy 47*(6): 508-528. **https://doi.org/10.1080/16506073.2018.1475504**

Carleton, R. N., Krätzig, G. P., Sauer-Zavala, S., Neary, J. P., Lix, L. M., Fletcher, A. J., Afifi, T. O., Brunet, A., Martin, R., Hamelin, K., Teckchandani, T., Jamshidi, L., Gerhard, D., McCarron, M., Hoeber, O., Jones, N. A., Stewart, S. H., Keane, T. M., Sareen, J., . . . Asmundson, G. J. G. (2022). The Royal Canadian Mounted Police (RCMP) Study: protocol for a prospective investigation of mental health risk and resiliency factors. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice* 42: 319-333. **https://doi.org/10.24095/hpcdp.42.8.02**

Carleton, R. N., McCarron, M., Krätzig, G. P., Sauer-Zavala, S., Neary, J. P., Lix, L. M., Fletcher, A. J., Martin, R., Sareen, J., Camp, R. D. II., Shields, R. E., Jamshidi, L., Nisbet, J., Maguire, K. Q., Jones, N. A., MacPhee, R., Afifi, T. O., Brunet, A., Beshai, S., Anderson, G. S., Cramm, H. A., MacDermid, J., Ricciardelli, R., Rabbani, R., Teckchandani, T. A., & Asmundson, G. J. G. (2022). Assessing the impact of the Royal Canadian Mounted Police (RCMP) Protocol and Emotional Resilience Skills Training (ERST) Among Diverse Public Safety Personnel. *BMC Psychology 10*(1): 295. **https://doi.org/10.1186/s40359-022-00989-0**

Carleton, R. N., McCarron, M., Krätzig, G. P., Sauer-Zavala, S., Neary, J. P., Lix, L. M., Fletcher, A. J., Martin, R., Sareen, J., Camp, R. D. II., Shields, R. E., Jamshidi, L., Nisbet, J., Maguire, K. Q., Jones, N. A., MacPhee, R., Afifi, T. O., Brunet, A., Beshai, S., Anderson, G. S., Cramm, H. A., MacDermid, J., Ricciardelli, R., Rabbani, R., Teckchandani, T. A., & Asmundson, G. J. G. (2022). Assessing the impact of the Royal Canadian Mounted Police (RCMP) Protocol and Emotional Resilience Skills Training (ERST) Among Diverse Public Safety Personnel. *BMC Psychology 10*(1): 295. **https://doi.org/10.1186/s40359-022-00989-0**

Di Nota, P. M., Bahji, A., Groll, D., Carleton, R. N., & Anderson, G. S. (2021). Proactive psychological programs designed to mitigate posttraumatic stress injuries among at-risk workers: A systematic review and meta-analysis. *BMC Systematic Reviews 10*(126). **https://doi.org/10.1186/s13643-021-01677-7**

Gallagher, M. W., Thompson-Hollands, J., Bourgeois, M. L., & Bentley, K. H. (2015). Cognitive Behavioral Treatments for Adult Posttraumatic Stress Disorder: Current Status and Future Directions. *Journal of Contemporary Psychotherapy 45*(4): 235-243. **https://doi.org/10.1007/s10879-015-9303-6**

Hadjistavropoulos, H. D., McCall, H. C., Thiessen, D. L., Huang, Z., Carleton, R. N., Dear, B. F., & Titov, N. . (2021). Initial outcomes of transdiagnostic internet-delivered cognitive behavioural therapy tailored for public safety personnel: A longitudinal observational study. *Journal of Medical Internet Research 23*(5): 27610. h**ttps://doi.org/10.2196/2761**0

Heber, A., Testa, V., Smith-MacDonald, L., Brémault-Phillips, S., & Carleton, R. N. (2020). Rapid response to COVID-19: addressing challenges and increasing the mental readiness of public safety personnel. *Journal of Health Promotion and Chronic Disease Prevention in Canada 41*: 23-28. **https://doi.org/10.24095/hpcdp.40.11/12.04**

Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using DSM-IV and DSM-5 Criteria. *Journal of Traumatic Stress 26*(5): 537-547. **https://doi.org/10.1002/jts.21848**

Leppin, A. L., Gionfriddo, M. R., Sood, A., Montori, V. M., Erwin, P. J., Zeballos-Palacios, C., Bora, P. R., Dulohery, M. M., Brito, J. P., Boehmer, K. R., & Tilburt, J. C. (2014). The efficacy of resilience training programs: a systematic review protocol. *Systematic Reviews 3*(20). **https://doi.org/10.1186/2046-4053-3-20**

McCall, H. C., Beahm, J. D., Fournier, A. K., Burnett, J. L., Carleton, R. N., & Hadjistavropoulos, H. D. (2021). Stakeholder perspectives on Internet-delivered cognitive behavioural therapy for public safety personnel: A qualitative analysis. Canadian *Journal of Behavioural Science 53*(3): 232-242. **https://doi.org/10.1037/cbs0000242**

Oliphant, R. C. (2016). Healthy minds, safe communities: supporting our public safety officers through a national strategy for operational stress injuries. Canada: Standing Committee on Public Safety and National Security. Retrieved from **http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=8457704&Language=E**

Perrin, M., Vandeleur, C. L., Castelao, E., Rothen, S., Glaus, J., Vollenweider, P., & Preisig, M. (2014). Determinants of the development of post-traumatic stress disorder, in the general population. *Social Psychiatry and Psychiatric Epidemiology 49*(3): 447-457. **https://doi.org/10.1007/s00127-013-0762-3**

Ricciardelli, R., Carleton, R. N., Mooney, T., & Cramm, H. (2020). "Playing the system": Structural factors potentiating mental health stigma, challenging awareness, and creating barriers to care for Canadian public safety personnel. *Health 24*(3): 259-278. **https://doi.org/10.1177/1363459318800167**

Robertson, I. T., Cooper, C. L., Sarkar, M., & Curran, T. (2015). Resilience training in the workplace from 2003 to 2014: A systematic review [Peer Reviewed]. J*ournal of Occupational and Organizational Psychology 88*(3): 533–562. h**ttps://doi.org/10.1111/joop.12120**
Sareen, J., Afifi, T. O., Taillieu, T., Cheung, K., Turner, S., Bolton, S. L., Erickson, J., Stein,

M. B., Fikretoglu, D., & Zamorski, M. A. (2016). Trends in suicidal behaviour and use of mental health services in Canadian military and civilian populations. *Canadian Medical Association Journal 188*(11): E261-E267. **https://doi.org/10.1503/cmaj.151047**

Statistics Canada. (2012). Rates of selected mental or substance use disorders, lifetime and 12 month, Canada, household population 15 and older, 2012 (Canadian Community Health Survey – Mental Health. 2012. Issue. S. Canada.

Stelnicki, A. M., Jamshidi, L., & Fletcher, A. C., R. N. (2021). Evaluation of Before Operational Stress (BOS): A program to support mental health and proactive psychological protection in public safety personnel. *Front Psychol. 17*. **https://doi.org/10.3389/fpsyg.2021.511755**

Szeto, A., Dobson, K. S., & Knaak, S. (2019). The Road to Mental Readiness for First Responders: A Meta-Analysis of Program Outcomes. *Canadian Journal of Psychiatry 64*(1_suppl): 18S-29S. **https://doi.org/10.1177/0706743719842562**

Wild, J., El-Salahi, S., & Esposti, M. D. (2020). The Effectiveness of Interventions Aimed at Improving Well-Being and Resilience to Stress in First Responders. *European Psychologist, 25*(4): 252-271. **https://doi.org/10.1027/1016-9040/a000402**

Wild, J., Greenberg, N., Moulds, M. L., Sharp, M. L., Fear, N., Harvey, S., Wessely, S., & Bryant, R. A. (2020). Pre-incident Training to Build Resilience in First Responders: Recommendations on What to and What Not to Do. *Psychiatry 83*(2) : 128-142. **https://doi.org/10.1080/00332747.2020.1750215**

RÉSUMÉ

Public Safety Personnel: Current Challenges and Opportunities

DR. R. NICHOLAS CARLETON
R.D.Psych. (SK), Directeur scientifique - CIPSRT

La prévalence des blessures de stress post-traumatique chez le personnel de la sécurité publique (PSP) semble être beaucoup plus élevée que dans la population générale. La différence semble d'être liée aux stresseurs organisationnels et occupationnels. Les études évaluées par les pairs indiquent des résultats variables pour bon nombre de programmes existants mais d'autres recherches sont en cours. Par exemple, un programme de thérapie cognitivo-comportementale en ligne dirigé par le Dr Heather Hadjistavropoulos (U. Regina) a obtenu des résultats positifs dans plusieurs provinces, pendant que les chercheurs de la GRC sont à la recherche de solutions proactives. Il existe également un comité directeur national en sécurité publique qui collabore avec l'Institut canadien de recherche et de traitement en sécurité publique (ICRTSP–un centre virtuel d'échange de connaissances), la Sécurité publique Canada et de nombreux autres organismes gouvernementaux. Tous les programmes de santé mentale nécessitent des recherches additionnelles.

Moral Injury & Policing

DR. LORRAINE SMITH-MACDONALD
Postdoctoral Fellow, University of Alberta

The concept of Moral Injury (MI) was first broached in relation to Vietnam veterans in the late 1980s and has since been linked to post-traumatic stress and other disorders. Renewed research since 2009 suggests that non-traumatic events can be contributing factors; for example, feelings of guilt over not having been able to save a life. The research also illustrates that MI can negatively impact health and well-being differently than PTSD. There are increasing calls for MI to be formally classified as a mental health diagnosis. Aside from more research into MI, the author emphasizes the importance of informing police officers about the risks.

As for all first responders and public safety personnel, the COVID-19 pandemic significantly increased the pressures and demands on police officers. Due to this, cracks within numerous systems were exposed and even amplified. The new challenges are in addition to the regular working conditions, which already put police officers at higher risk of post-traumatic stress injury. Within one research study, approximately 37% of municipal and provincial police officers and 50% of RCMP members screened positive for one or more mental disorders (Carleton et al., 2018). In response to these high levels, questions are being raised about what else might be adversely afflicting police officers, such as a newly identified type of trauma syndrome called moral injury (MI). This article offers a brief overview of MI and its impact on health and in policing.

WHAT IS MORAL INJURY (MI)?

Introduced in the late 1980s by Dr. Jonathon Shay, MI was first observed in Vietnam veterans. Shay noted that something fundamental and beyond traditional psychopathology had happened to the veterans in his care. He felt something very deep had broken the men by deeply touching their hearts, and that no traditional psychotherapy or medications would help. Shay coined the term “moral injury” to express this "undoing of character" (Shay, 1994).

Since Shay’s seminal article, MI has continued to be an evolving concept. Broadly speaking, it is now understood as psychological, social, and spiritual distress, harm, or impairment from experiencing a violation of deeply held morals and beliefs. While the mechanisms underlying moral injury remain unknown, exposure to at least one potentially morally injurious event is believed to be a prerequisite. In a military context, potentially morally injurious events seem to occur when “*participating in or witnessing inhumane or cruel actions, failing to prevent the immoral acts of others, bearing witness to the aftermath of violence and human carnage…as well as engaging in subtle acts that… upon reflection, transgress a moral code.*” (Litz et al., 2009). The resulting extreme psychological dissonance and conflict leads to significant impairments across the bio-psycho-social-spiritual health domains. The prerequisites for MI may therefore both overlap with, and be different from, other trauma- and stressor-related disorders, such as post-traumatic stress disorder, because MI is believed to have a distinct pathology potentially requiring different approaches for assessment and treatment (Jinkerson, 2016). MI, however, is currently not a formal mental health diagnosis, although there is growing support for such.

MORAL INJURY AND HEALTH

Despite this lack of classification, renewed research since 2009 shows we are slowly learning more about the importance of MI to mental health. In the most recent systematic review of the literature, researchers showed numerous studies linking MI

not only to post-traumatic stress disorder but to major depressive disorder, generalized anxiety disorder, substance abuse and self-harm/suicidality (Hall et al., 2021). For example, within military and veteran populations, researchers are beginning to show that MI is a risk factor of suicide (Bryan et al., 2014; 2018). Other areas of health and well-being are also affected by MI, which is associated with changes to the emotional (e.g., increased feelings of guilt, shame, anger), spiritual (e.g., loss of spiritual or religious beliefs, loss of sense of life's purpose) and relational (e.g., challenges of maintaining existing or fostering new relationships) aspects of a person's life. Similar, a sister construct called moral distress seems to correlate with greater burnout, absenteeism, and likelihood of career abandonment (Oh & Gastmans, 2015). All of this research points to MI as key to understanding trauma and other mental health conditions.

MORAL INJURY AND POLICING

While there has been a significant increase in literature exploring MI in military personnel, veterans and, more recently, healthcare providers, fewer studies have focused on police officers. In a 2020 literature review, Lentz et al., were unable to find any articles exploring moral injury (MI) in relation to police or any other first responders. Fortunately, several such studies have since emerged.

A recent one determined that moral injury for police is not isolated to violent events (Eikennar, 2022). For example, questions of injustice and acting correctly, and guilt over not having been able to save lives or stop bad things from happening were all noted as problematic. This is why Eikennar (2022) argues that, for police, MI is caused by being constantly "*confronted with morally transgressive situations that eat away at them*". Tapson et al. (2021) also found that MI was relevant to police officers due to frequent exposure to trauma. Interestingly, similar results among emergency medical personnel and firefighters were found where there was the erosion of self from chronic exposure to potentially morally injurious events (Smith-MacDonald et al., 2021).

Rates of MI in police are high. A study by Papazoglou et al. (2019) reported that, overall, 74% of study participants experienced MI, which was "self-focused" MI in 39 % and "other-focused" MI in 64 %. In addition, the levels of MI were high among almost 24% of those with "other-focused" MI and 10% with "self-focused". The study also positively associated MI with compassion fatigue and PTSD symptoms (Papazoglou et al., 2019). Papazoglou and Chopko (2017) have argued MI and compassion fatigue come from exposure to the kind of "unfixable suffering" that results in PTSD. Given the research gaps regarding how MI relates to policing, however, the possibility that other factors may also be relevant to MI prevention and treatment cannot be discounted.

CONCLUDING THOUGHTS

Despite limited research, the construct of MI appears relevant and pertinent to policing such as in relation to post-traumatic stress disorder, compassion fatigue and other negative coping mechanisms. MI has also been described as a moral erosion of the person which occurs over repeated exposure to potentially morally injurious events. This limited research aligns with what is already evidenced in both the military and veteran and healthcare literature. In light of this and given the struggles police officers are facing today, it is important to explore all aspects of trauma, including MI. This article offers a call not only for more research but for improved communication about this to help all police officers better recognize what is happening to them and seek appropriate support and help. ■

REFERENCES

Bryan, A. O., Bryan, C. J., Morrow, C. E., Etienne, N., & Ray-Sannerud, B. (2014). Moral injury, suicidal ideation, and suicide attempts in a military sample. *Traumatology 20*(3): 154–160. **https://doi.org/10.1037/h0099852**

Bryan, C. J., Bryan, A. O., Roberge, E., Leifker, F. R., & Rozek, D. C. (2018). Moral injury, posttraumatic stress disorder, and suicidal behavior among National Guard personnel. *Psychological Trauma: Theory, Research, Practice, and Policy 10*(1): 36–45. **https://doi.org/10.1037/tra0000290**

Carleton, RN, Afifi, TO, Turner, S. et al.(2018) Mental disorder symptoms among public safety personnel in Canada. *Canadian Journal of Psychiatry 63*: 54- 64. **doi.org/10.1177/0706743717723825**

Eikenaar, T. (2022). Relating to moral injuries: Dutch mental health practitioners on moral injury among military and police workers. *Social Science & Medicine 298*: 114876. **doi.org/10.1016/j.socscimed.2022.114876**

Hall, N. A., Everson, A. T., Billingsley, M. R., & Miller, M. B. (2022). Moral injury, mental health and behavioural health outcomes: A systematic review of the literature. *Clinical psychology & psychotherapy 29*(1): 92-110. **doi.org/10.1002/cpp.2607**

Jinkerson, J. D. (2016). Defining and assessing moral injury: A syndrome perspective. *Traumatology 22*(2): 122–130. **https://doi.org/10.1037/trm0000069**

Lentz, L. M., Smith-MacDonald, L., Malloy, D., Carleton, R. N., & Brémault-Phillips, S. (2021). Compromised conscience: a scoping review of moral injury among firefighters, paramedics, and police officers. *Frontiers in psychology 12*: 639781. **doi.org/10.3389/fpsyg.2021.639781**

Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical psychology review 29*(8): 695-706. **doi.org/10.1016/j.cpr.2009.07.003**

Oh, Y., & Gastmans, C. (2015). Moral distress experienced by nurses: a quantitative literature review. *Nursing. Ethics 22*: 15–31. **doi: 10.1177/0969733013502803**

Papazoglou, K., & Chopko, B. (2017). The role of moral suffering (moral distress and moral injury) in police compassion fatigue and PTSD: An unexplored topic. *Frontiers in psychology 8*: 1999. **doi.org/10.3389/fpsyg.2017.01999**

Papazoglou, K., Blumberg, D., Briones-Chiongbian, V., Russo, C., & Koskelainen, M. (2019). Exploring the roles of moral injury and personality in police traumatization. *Crisis, Stress, and Human Resilience: An International Journal 1*(1): 32-56.

Shay, J. (1994). *Achilles in Vietnam*. New York, NY: Scribner Press.

Smith-MacDonald, L., Lentz, L., Malloy, D., Brémault-Phillips, S., & Carleton, R. N. (2021). Meat in a seat: a grounded theory study exploring moral injury in Canadian public safety communicators, firefighters, and paramedics. *International journal of environmental research and public health 18*(22): 12145. **doi.org/10.3390/ijerph182212145**

Tapson, K., Doyle, M., Karagiannopoulos, V., & Lee, P. (2021). Understanding moral injury and belief change in the experiences of police online child sex crime investigators: an interpretative phenomenological analysis. *Journal of police and criminal psychology 37*: 637–649. **doi.org/10.1007/s11896-021-09463-w**

RÉSUMÉ

Moral Injury & Policing

DR. LORRAINE SMITH-MACDONALD
Boursier postdoctoral, University of Alberta

Le concept de « Blessure morale » (BM) a été abordé pour la première fois à propos des vétérans du Vietnam à la fin des années 1980, et est depuis lié au stress post-traumatique. De nouvelles recherches menées depuis 2009 suggèrent que les événements non traumatiques pourraient contribuer au problème ; par exemple, se sentir coupable de ne pas avoir été capable de sauver une vie. La recherche montre également que le BM affecte négativement la santé et le bien-être différemment du trouble de stress post-traumatique (TSPT). Outre la recherche sur le stress, l'auteur souligne l'importance de sensibiliser les policiers aux risques.

Fostering "Shared Social Identity" among Public Safety Personnel to Decrease the Adverse Psychological Outcomes of COVID-19

DR. ALEXANDRA HEBER, LCol (Ret'd), MD, FRCPC, CCPE

DR. KIM RITCHIE, RN

EMILY SULLO, MMA Sc

DR. LINNA TAM-SETO, O.T.Reg. (Ont.)

DR. MARGARET MCKINNON, CPsych

The higher incidence of psychological and physiological troubles among public service personnel (PSP) compared to most other citizens is due to higher occupational risks in those fields. Within this context, research suggests that having a positive shared social identity with colleagues can mitigate adverse mental health outcomes of exposure to traumatic events. This was also found to be true during the COVID-19 pandemic, when disagreements about vaccinations and masking tore at the fabric of shared identity and associated notions of collectively serving the public. The authors are calling for more research into why and how a positive shared identity works and can be applied within the PSP workplace and in clinical interventions.

COVID-19 & PSP

Negative impacts on mental health and wellbeing are an occupational risk factor for public safety personnel (PSP). Rates of post-traumatic stress disorder (PTSD), depression, anxiety, and moral injury among PSP are higher than those observed in civilians. These findings are likely related to the stressful and potentially traumatizing situations PSP are exposed to in their day-to-day work (Hendrickson et al., 2022). Working in teams is an integral part of most PSP professions, and for some frontline positions, teammates provide added safety and support while in the field where, in general, social connections with colleagues are highly valued. Such social support is critical given that an abundance of evidence points towards the absence of social support as the single greatest predictor of who will go on to develop PTSD following exposure to a traumatic incident (Brewin et al., 2000; Zalta et al., 2021). Although PSP have traditionally faced ongoing exposure to highly stressful and traumatic events, the onset of the COVID-19 pandemic has introduced new challenges that exert a significant impact on PSP's mental health, leading to the potential for increased rates of PTSD and moral injury (MI) in this population (Hendrickson et al., 2022). Social support is one potential mitigator of this impact, prior to and after the traumatic experience.

Moral injury refers to the outcome of an individual witnessing or perpetrating an act that violates their moral or ethical code, including instances of perceived betrayal by previously trusted sources (e.g., leadership or "the brass"; Norman & Maguen, n.d.; Shay, 2014). Moral injury has been linked to a

host of negative mental health outcomes, including the development of PTSD, and is highly associated with feelings of guilt and shame (Norman & Maguen, n.d.). PTSD can occur in response to traumatic events, including actual or threatened death, serious injury, or sexual violence, with the potential for enduring effects on daily life long after the event (Torres, 2020). PTSD may develop after experiencing the event directly, or after learning about it happening to someone else (Torres, 2020). There is a wide range of reactions associated with PTSD, including increased and distressing reactions to reminders, repeated reliving of the memories of the event, disturbed sleep, recurring nightmares, and avoidance of places, objects or people that are reminders of the event (Torres, 2020).

Recent research suggests that perceived social cohesion among PSP is related to lower levels of post-traumatic stress symptoms, depression, emotional exhaustion, and depersonalization, and higher levels of resiliency and personal achievement (Smirnova et al., 2022). Social support is also related to reduced symptoms of PTSD, depression, anxiety, and stress in PSP (Smirnova et al., 2022). Taken together, these findings suggest that strong social bonds amongst PSP have the potential to decrease the damaging effects of PTSD and other mental health conditions.

SOCIAL IDENTITY & PSP

Social identity refers to the portion of an individual's self-concept that originates from their connection to a social group, as well as the value and significance they ascribe to that group (Tajfel, 1978). Social identity also influences our likelihood of experiencing trauma and how we interpret traumatic events (Muldoon et al., 2017). For example, belonging to a marginalized group, such as a racialized minority, is likely to increase an individual's risk of experiencing a traumatic event (Hatch & Dohrenwend, 2007). Additionally, this group identity reinforces a unique worldview, such as one's distrust of authority figures, that can influence the perception of a traumatic event (Muldoon et al., 2019). The concept of shared social identity has been described in several contexts, including military personnel and communities following a natural disaster, where it serves as a protective factor against PTSD (Muldoon et al., 2017; Muldoon et al., 2019).

Belonging to a group with a positive shared social identity (a sense of 'we-ness') also has important physiological effects, reducing levels of cortisol (the "stress hormone") during traumatic incidents (Hausser et al., 2012). In other words, identifying with a social group can be a protective factor by reducing the brain and body's responses to stress. This protective factor even extends to challenges or hardships experienced by the group as a whole, as it increases a sense of belonging within the collective experience of the group. This idea has been referred to as community collective efficacy, which is the sense that together, a group can cope and overcome adversity (Muldoon et al., 2017). Although adversity can negatively impact wellbeing, feeling that you belong to a group that has experienced positive outcomes in the face of hardship, for example PSP professional groups, can be helpful in the support of individuals impacted by mass trauma (Benight, 2004). Specifically, an increased sense of community collective efficacy is associated with lower PTSD symptom severity following disasters (Muldoon et al., 2017). It is important to note, however, that when traumatic events injure relationships in that shared group experience, social identity may no longer provide psychological benefits, because the sense of belonging or togetherness has been damaged (Haslam et al., 2005).

Because the nature of PSP's work puts them at risk for higher rates of exposure to potentially psychologically traumatic events (PPTE) and potentially morally injurious events (PMIE), the development of a strong sense of shared positive social identity may be a critical protective factor in offsetting the risk to mental health and well-being that is inherent in PSP professions. When PSP do experience a potentially traumatic incident, they can (and likely do) interpret this experience through the lens of the professional or work group to which they belong. For example, thoughts may be along the lines of: "That was a bad call, but we have faced worse situations. We can rely on each other and we'll get through this together." Team cohesion and trust in coworkers are especially critical in many PSP professions because they often rely on each other to stay safe in the field. Therefore, community collective efficacy is valuable in this context because it fosters a 'we are in this together' mentality.

Additionally, in our research studying the impact of COVID-19 on the mental health and wellbeing of PSP, participants have spoken of the importance of taking part in activities that can facilitate a strong social identity, including participating in workplace team

sports (e.g., hockey), attending the gym together, and participating in professional skill development and training with colleagues (Karram et al., 2022). Many of these activities have been curtailed, in part, by pandemic restrictions and workload.

Taken altogether, the evidence reviewed here suggests that encouraging activities that facilitate a strong shared positive social identity can be an effective organizational intervention to reduce the negative mental health outcomes from occupational exposures in PSP professions, including those exposures experienced during the COVID-19 pandemic.

IMPLICATIONS/RECOMMENDATIONS

Many PSP organizations are struggling to find ways to support members who have experienced job-related mental health impacts that have been further exacerbated by their experiences during the COVID-19 pandemic. During the pandemic, PSP have had the experience of navigating many novel stressors together, such as feeling unable to provide the same quality of service to the public, lack of appropriate personal protective equipment, and fears of contracting and transmitting COVID-19 to family-members and loved ones (McAlearney, 2022). Our early work involving interviews of nearly 40 PSP across the country suggests that, in some ways, these shared experiences have increased social identification with colleagues (Ritchie et al., 2022). For instance, many PSP indicate that they have turned to co-workers more regularly for social support, given their belief that colleagues can empathize with and understand the specific pandemic-related stressors that they face. Here, their teams and colleagues have been a helpful coping strategy for many PSP throughout the pandemic.

On the other hand, in some instances stressful situations brought about by the pandemic have fractured these critical feelings of belonging and trust between colleagues. PSP have indicated that pandemic-related situations – such as colleagues refusing to wear masks, disagreements about vaccination, and the inability to take part in social and other activities together – have contributed to some of the fracturing of teams. Differing opinions on masking and vaccinations have disturbed the concept of shared beliefs in their collective mission to serve the public, which some describe as harming their social identity and contributing to a loss of trust in their group. This, along with reduced opportunities to maintain group connections, threatens the protective factors against development of PTSD and moral injury associated with a strong shared social identity.

The potential benefits of a shared positive social identity for PSP suggest that PSP leaders and organizations should focus on reinforcing this positive social identity within PSP occupations. To do so, efforts should be made to not only support PSP at the individual level but also at a team and leadership level, by fostering a “we are in this together” mentality and strengthening the collective mission to support and serve the public. Creating opportunities to develop a sense of belonging and trust, such as through work-related skills training, group physical activities and exercise opportunities, overt displays of appreciation from leaders and among colleagues, as well as organizationally sanctioned peer-to-peer support, can help repair these COVID-19-related fractures and increase positive social identification within the team. Following a traumatic or morally challenging event, organizations and leaders should direct efforts to apply these strategies so that PSP’s sense of belonging and membership within their team and their profession is reinforced.

There is also an urgent need to provide cultural competency training about PSP occupations, risks, and requirements, to mental health providers and other healthcare professionals, including in relation to the experiences of this occupational group during the pandemic. Educating clinicians about the importance, and necessity to consider the social identity needs, of frontline PSP in treatment, will help inform appropriate interventions to mitigate adverse mental health outcomes of exposure to traumatic events in this population.

CALL TO ACTION

While we suggest there is the potential for strong, shared positive social identity to benefit PSP, there is a need for more research in this area, to better understand how this shared identity provides this benefit, and how it can be applied, both within the workplace and in clinical interventions, in order to protect the mental health and well-being of PSP. ■

REFERENCES

Benight, C. C. (2004). Collective efficacy following a series of natural disasters. *Anxiety, Stress & Amp; Coping 17*(4): 401–420. **https://doi.org/10.1080/10615800512331328768**

Brewin, C.R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology 68*(5): 748-766.

Hatch, S. L., & Dohrenwend, B. P. (2007). Distribution of traumatic and other stressful life

events by race/ethnicity, gender, SES and age: A review of the research. *American Journal of Community Psychology 40*(3–4): 313–332. **https://doi.org/10.1007/s10464-007-9134-z**

Haslam, S. A., O'Brien, A., Jetten, J., Vormedal, K., & Penna, S. (2005). Taking the strain: Social identity, social support, and the experience of stress. *British Journal of Social Psychology 44*(3): 355–370. **https://doi.org/10.1348/014466605X37468**

Häusser, J. A., Kattenstroth, M., van Dick, R., & Mojzisch, A. (2012). "We" are not stressed: Social identity in groups buffers neuroendocrine stress reactions. *Journal of Experimental Social Psychology 48*(4): 973–977. **https://doi.org/10.1016/j.jesp.2012.02.020**

Hendrickson, R. C., Slevin, R. A., Hoerster, K. D., Chang, B. P., Sano, E., McCall, C. A., Monty, G. R., Thomas, R. G., & Raskind, M. A. (2022). The impact of the covid-19 pandemic on mental health, occupational functioning, and professional retention among health care workers and first responders. *Journal of General Internal Medicine 37*(2): 397–408. **https://doi.org/10.1007/s11606-021-07252-z**

Karram, M., D'Alessandro-Lowe, A.M., Ritchie, K., Brown, A., Xue, Y., Pichtikova, M., Altman, M., Beech, I., Millman, H., Sullo, E., Lanius, R. A., & McKinnin, M. (2022). Understanding Canadian public safety personnel's coping strategies during the COVID-19 pandemic [unpublished manuscript].

McAlearney, A. S., Gaughan, A. A., MacEwan, S. R., Gregory, M. E., Rush, L. J., Volney, J., & Panchal, A. R. (2022). Pandemic experience of first responders: fear, frustration, and stress. *International Journal of Environmental Research and Public Health 19*(8). **https://doi.org/10.3390/ijerph19084693**

Muldoon, O. T., Acharya, K., Jay, S., Adhikari, K., Pettigrew, J., & Lowe, R. D. (2017). Community identity and collective efficacy: A social cure for traumatic stress in post-earthquake Nepal. *European Journal of Social Psychology 47*(7): 904–915. **https://doi.org/10.1002/ejsp.2330**

Muldoon, O. T., Haslam, S. A., Haslam, C., Cruwys, T., Kearns, M., & Jetten, J. (2019). The social psychology of responses to trauma: social identity pathways associated with divergent traumatic responses. *European Review of Social Psychology, 30*(1), 311–348. **https://doi.org/10.1080/10463283.2020.1711628**

Norman, S. B., & Maguen, S. (n.d.). Moral Injury. U.S. Department of Veterans Affairs. Retrieved October 4, 2022, from **https://www.ptsd.va.gov/professional/treat/cooccurring/moral_injury.asp**

Ritchie, K., Brown, A., D'Allessandro-Lowe, A., Millman, H., Sullo, E., Heber, A., & McKinnon, M. (2022). Events associated with moral injury in public safety personnel during the covid-19 pandemic in Canada [unpublished manuscript].

Shay, J. (2014). Moral injury. *Psychoanalytic Psychology, 31*(2), 182–191. **https://doi.org/10.1037/a003609**0

Smirnova, M. O., Meckes, S. J., & Lancaster, C. L. (2022). The protective effects of perceived cohesion on the mental health of first responders. *Psychological Services, 19*(Suppl 1), 23–33. **https://doi.org/10.1037/ser0000580**

Tajfel, H. (1978). Differentiation between social groups: studies in the social psychology of intergroup relations. *European Association of Experimental Social Psychology*.

Torres, F. (2020, August). *What is Posttraumatic Stress Disorder (PTSD)?* American Psychiatric Association. Retrieved on October 5, 2022, from **https://psychiatry.org/patients-families/ptsd/what-is-ptsd**

Zalta, A.K., Tirone, V., Orlowska, D., Blais, R. K., Lofgreen, A., Klassen, B., Held, P., Stevens, N. R., Adkins, E., & Dent, A. L. (2021). Examining moderators of the relationship between social support and self-reported PTSD symptoms: A meta-analysis. *Psychological Bulletin, 147*(1), 33-54. **https://doi.org/10.1037/bul0000316**

RÉSUMÉ

Fostering "shared social identity" among Public Safety Personnel to decrease the adverse psychological outcomes of COVID-19

DR. ALEXANDRA HEBER, LCol (retraitée), MD, FRCPC, CCPE
DR. KIM RITCHIE, RN
EMILY SULLO, MMA Sc
DR. LINNA TAM-SETO, O.T.Reg. (Ont.)
DR. MARGARET MCKINNON, CPsych

L'incidence plus élevée des troubles psychologiques et physiologiques parmi les membres du personnel de sécurité publique (PSP), par rapport d'autres citoyens, est dû aux risques professionnels plus élevés dans ces domaines. Dans ce contexte, la recherche suggère qu'une identité sociale positive au sein des collègues peut atténuer les effets négatifs sur la santé mentale de traumatismes. Cela s'est également avéré pendant la pandémie de COVID-19 quand des désaccords sur les vaccinations et le masquage ont déchiré le tissu de l'identité partagée et les notions associées de service collectif du public. Les auteurs appellent davantage de recherche pour savoir pourquoi et comment une identité partagée fonctionne de manière positive et peut être appliquée au travail du PSP et aux interventions cliniques.

Mental Health Needs of PSP Families

JILL FOLEY
MA, RP, CTTS, DCP Student with Yorkville University

By extension, the partners and families of Public Safety Personnel (PSP) are impacted by the experiences to which their loved one is exposed in the line of duty. The trauma-intervention needs of PSP partners and other family members is an emerging area of research. Exploring what we currently know about how to best support this group of individuals, including the unique counselling needs given by the occupational risks facing PSP, the author emphasizes the need to fill associated knowledge gaps. She is calling for a holistic approach that would make counselling and therapeutic support systematically available and accessible to the life partner, children and other direct members of a PSP's family as well as more research into how to help PSP learn how to 'leave problems at the office'.

When Public Safety Personnel (PSP) are exposed to traumatic events and risk their lives in the line of duty, these experiences are difficult to leave at work. This can have a lasting impact on their relationships at home. The demanding nature of the work performed by PSP, including the social and emotional impacts, often spills over to their partners. Research tends to focus on the increased risk of mental health challenges experienced by PSP, however, the stress and trauma to which these individuals are exposed through their daily work experiences extend beyond the workplace into the home. This article will explore the impacts on PSP partners and families. and includes a look at knowledge gaps and at current research into interventions to improve support. Specifically, recommendations pertaining to counselling and therapeutic support to better address the needs of PSP partners and families will be explored.

WHAT WE KNOW

Presently, the body of research addressing impacts and needs of PSP partners and families is limited. Studies conducted on partners of military personnel indicate poorer outcomes related to family functioning, mental health and overall wellbeing (Cox et al., 2022; Cramm et al., 2019; Sharp et al., 2022). Despite limited information into relational impact on the children of PSP roles on children, the risks to their mental health are evident. Sharp et al. (2022) point out that children of PSP can experience increased behavioural difficulties and strained relationships due to overprotective parenting. By extension, it is likely that similar impacts could be experienced by PSP partners and other family members since they also reported increased stress resulting from vicarious trauma exposure, relationship and parenting disparities, and concerns for the safety of a family member partner/parent. The relationship between partner needs and a current lack of resources was the focus of an Independent Review by the Ontario Provincial Police. Specific recommendations related to engagement with members' families, the need for qualified mental health practitioners, and others specific to workplace culture and wellness (Ontario Provincial Police Independent Review Panel: Final Report, 2020).

PARTNER NEEDS

Relationships between PSP and partners are different than for their non-PSP counterparts. Research by Carlton et al. (2020) on access to treatment interventions for PSP found that for those without mental health training, most (74%) reported that they would access support from a spouse first and, when considering accessing supports from medical providers, 43% - 60% would

only consider doing so as a last resort, if at all. These findings evidence the need for partners to understand the impacts of the PSP role and know when and where to access support for themselves and their PSP partner. In doing so, partners can better sustain themselves and family. The greater the understanding that PSP partners and other family members have of how trauma impacts the lives of PSP, the greater the access to support, early intervention for more intrusive mental health issues, and overall wellness for all.

The partners of PSP are in a unique position. They are entrenched in the complexity of the associated mental health challenges related to being a PSP while also requiring specific support to aid in their understanding of these issues and address the impact on the wellbeing not only of themselves but of their children, and PSP partner. Emerging research considering the needs of the partners of police officers reinforces the need for and importance of available resources (Foley, 2023). Specifically, partners of PSP have voiced a desire for better understanding about trauma and PTSD in order to be better equipped to notice early signs and symptoms of mental health in their loved ones. Additionally, these same individuals have expressed a need for increased connection with police services throughout their partner's career for information related to support and also to connect with family members of other PSP who may be in similar situations. These findings thus evidence the need for accessible supports specific to the needs of all family members for preventative mental health support and early needs identification. Some of these supports may help with finding and accessing supports for themselves and PSP partner as well as information on signs and symptoms of PTSD and compassion fatigue. Additionally, counselling services with access to clinicians who are experienced and knowledgeable about the culture of being a PSP family are also needed.

COUNSELLING NEEDS OF PSP PARTNERS AND CHILDREN

Balancing the counselling needs of PSP individuals and their families poses unique challenges. The lifestyle, expectations and demands experienced by PSP result in their seeing the world through a different lens. As Pooley and Turns (2022) note, there is currently limited information regarding using a systemic treatment model with police, their spouses, or their families. Such an approach is preferable because it is holistic, in that it allows treatment to fathom support for the needs of the family as a whole, rather than the PSP alone. In approaching counselling in this way, each family member is seen as part of a larger treatment plan and allows for individuals within the family to access treatment while still holding space for the couple and the family. While each family member may benefit from having their individual treatment needs addressed, the impacts of operational stress on each member must always be considered. It is essential to systemically extend mental health supports, advocacy, policies and awareness programs for PSP to better integrate family members.

There is an identified need among PSP partners for increased awareness of and access to support groups, treatment options and qualified clinicians. However, peer support groups are not widely available and there is limited access for partners. Groups for children who are impacted are even less available at this time. Networks such as Canada Beyond the Blue and Wounded Warriors provide a network of support for some PSP, veterans and families but services to support these individuals and their families more comprehensively must be enhanced.

CONCLUSION

The need to consider proactive and preventative measures to build support and understanding of the unique experiences of the PSP, their partners and children is necessary for the health and wellbeing of all involved. When considering the needs of PSP and those close to them, some key areas of future development include enhanced involvement in their partner's service, connection with others, and increased knowledge and access to interventions and support for all involved. Additionally, the need for proactive and preventative measures to build support and understanding of the unique demands of PSP roles is encouraged. Moving forward, ongoing research and development of resources specific to the support of partners are imperative in creating enhanced resiliency and support, not just for the PSP but their families as well. ■

REFERENCES

Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., Vaughan, A. D., Anderson, G. S., ... & Camp, R. D. (2020). Mental health training, attitudes toward support, and screening positive for mental disorders. *Cognitive Behaviour Therapy 49*(1): 55-73.

Cox, M., Norris, D., Cramm, H., Richmond, R., & Anderson, G. S. (2022). Public safety personnel family resilience: a narrative review. *International Journal of Environmental Research and Public Health 19*(9): 5224.

Cramm, H., McColl, M. A., Aiken, A. B., & Williams, A. (2019). The mental health of military-connected children: a scoping review. *Journal of Child and Family Studies 28*(7): 1725-1735.

Foley, J. (2023). *When Trauma Comes Home: Impacts of First Responder Trauma on their Partners* [Working Paper]. Yorkville University.

Ontario Provincial Police Independent Review Panel: Final Report (2020). *Ontario Ministry of the Solicitor General*. Available online at Ontario Provincial Police Independent Review Panel: Final Report | Ministry of the Solicitor General (gov.on.ca).

Pooley, G., & Turns, B. (2022). Supporting Those Holding the Thin Blue Line: Using Solution-Focused Brief Therapy for Law Enforcement Families. *Contemporary Family Therapy: An International Journal 44*(2): 176–184.

Sharp, M. L., Solomon, N., Harrison, V., Gribble, R., Cramm, H., Pike, G., & Fear, N. T. (2022). The mental health and wellbeing of spouses, partners and children of emergency responders: A systematic review. *PloS one 17*(6): e0269659

RÉSUMÉ

Mental Health Needs of PSP Families

JILL FOLEY
CMA, RP, CTTS, Étudiante DCP - Yorkville University

Par extension, le[la] conjoint[e], et les autres membres de la famille, d'un membre du personnel de la sécurité publique (PSP) sont touchés par les expériences vécues par leur proche dans l'exercice de ses fonctions. L'intervention en cas de traumatisme chez les conjoints et les autres membres de la famille d'une PSP constitue un nouveau domaine de recherche. Explorant ce que nous savons actuellement sur la meilleure façon de soutenir ce groupe d'individus, y compris les besoins uniques de la PSP, l'auteur souligne une lacune actuelle en matière de connaissances. Elle appelle à une approche holistique qui rendrait disponibles sur base systémique le counseling et le soutien thérapeutique et accessibles à la famille d'une PSP, ainsi que d'approfondir la recherche sur la façon d'aider une PSP apprendre à 'laisser le travail au bureau'.

Guarding Against Burnout in the Emergency Services: A Firefighter's Perspective

JAMES RYCHARD
BA (Psych.), Serving Firefighter, Burlington (ON)

A Canadian firefighter, the author describes burnout as something that occurs over time, like the impact of acid slowly eroding metal. He describes it as a unique work-related condition that can happen in any profession—the point where one becomes physically, emotionally, mentally, and spiritually exhausted and feels one's efforts are not being recognized. Pointing out that firefighters and other PSPs such as police and paramedics face a higher risk because of the nature of the work and the limited right of refusal, the author calls on firefighters/PSP and their respective leaders to recognize three specific signs of burnout.

Firefighters, like other PSPs, operate in unpredictable environments. The nature of the job, shift work, and now being a first responder in a lingering pandemic allows for cracks to filter problems into our mental reservoirs. Without proper attention to our mental health, our ability to cope can become compromised and a condition called burnout can occur. A Randy Glasbergen cartoon depicts burnout perfectly: An office professional has strapped a smoke detector on like a helmet. When his female colleague looks stunned and seems speechless, he says "It's a smoke detector. The boss thinks I might be headed for a burnout" (McShane 2003). Regardless of age, personality or what one does for a living, we are all prone to burnout. Firefighters and other PSPs, including senior leadership, are not immune. The Coronavirus has created new and unique challenges for public safety personnel (PSP). We are navigating uncharted waters with this, making it even more important to find new ways to cope and interact while simultaneously looking after our mental health. Four decades ago, the term was never spoken about (McShane 2003). Now, given the unprecedented challenges of the global pandemic, PSPs are even more susceptible to burnout.

Burnout is not just having a difficult day on the job – it is a unique work-related condition. The World Health Organization (WHO) has deemed burnout a distinct occupational phenomenon, and that firefighters and other PSPs such as police and paramedics face a higher risk. Emergency service workers, especially, can be exposed to long hours and work with a shrivelled sense of meaning and/or purpose until they feel there is nothing left to give. Ian Stanley found that 46.8 percent of firefighters reported having suicidal ideation, a symptom of being burnt-out, from their careers. That means for the 1027 current and retired firefighters interviewed almost half of them will have experienced feeling "tapped out" (Stanley, 2015, p. 163).

Burnout is the point at which you are spent physically, emotionally, mentally, and spiritually; there is no more energy left in our human tanks to focus on life; you have just had enough. David Posen (2013) shares an analogy in his book *Is Work Killing You? A Doctor's Prescription for Treating Workplace Stress* to illustrate what such feelings can be like:

> It is similar to a person moving a very heavy item like a dresser or a filing cabinet with a friend. Everything is going fine until that moment when no one is moving. The weight for some reason feels significantly more, and the looming feeling of dropping it is beginning

> to take hold. All of a sudden you drop your end. You cannot explain why, there was just no strength left to keep your end up – you simply cannot go on! That is burnout!" The process usually takes months or years to occur. However, when the environments we live in and/or work in are toxic and psychologically unsafe, the process itself can be reached much faster. The reason: toxic work environments are more stressful; staff, regardless of rank/ role, spend their energies on self-protection depleting what is left in their human tanks. David Posen (2013)

There are three tell-tale signs that someone has reached burnout. According to Steven McShane "Job burnout refers to the process of emotional exhaustion, cynicism, and reduced efficacy (lower feelings of personal accomplishment) resulting from prolonged exposure to stress" (2003). This obviously does not happen overnight, but the drop in feelings and change in attitude like things do not matter any longer are sudden and do (Posen 2013).

Feeling exhausted is a symptom of burnout, but not all exhaustion is related to burnout. This is an especially important clarification because feeling exhausted is a normal part of life when we exert effort (Posen 2013). However, when we continuously exert effort without rest it can become dangerous, because the body requires rest to be effective. Posen says that burnout develops mostly from prolonged and excessive stress (2013).

Posen (2013) describes how the hormone cortisol released as a result of chronic stress tends to eat away at us. He relates it to a medieval knight's steel armour being slowly eroded by acid. For many PSP, cortisol levels build, and the body never gets a chance to recover. When the rest, recovery, and relaxation is insufficient for the amount of stress the body endures, burnout can occur.

Firefighters, like other PSP, are elite community protectors by society's standards; their work requires significant effort and energy. Posen writes that many organizations applaud these motivations, but some take advantage of an employee's good intentions. For Posen, burnout can result from frustration over lack of rewards for the effort invested. Rewards can include feelings of success, satisfaction, fulfillment, and achieving one's goals. When you feel that your efforts are rewarded and worthwhile, you feel inclined to continue. As the famous 20th century psychologist William James declared, the "deepest principle in human nature is the craving to be appreciated" (James 1920).

When opportunities present themselves and firefighters as well as other PSP want to add more value to their organization via committee work, projects, and special initiatives, it is important that they are made to feel appreciated and/or rewarded. If there is no *feeling* of reward, the firefighter/ emergency service worker might need to draw on even more effort and determination. Now a dangerous cycle is created. If the cycle continues for too long the firefighter/emergency service worker may begin to unravel physically, emotionally, mentally, and spiritually. Fatigue sets in followed by exhaustion, depression, and despair. Worse, what adds fuel to the fire, is when the PSP senses that colleagues are receiving rewards for what he or she sees as similar types of efforts. The PSP begins to feel that his or her own efforts do not matter. Their lens becomes skewed as they view their efforts as futile, in time cynicism surfaces. Burnout is not just feeling an overload of chronic work stress but also feeling that efforts do not matter.

What can be done to help mitigate this situation? Posen offers three suggestions for burnout prevention that applies to both firefighters/PSPs and their respective senior leaders. One, both the employee and the employer need to have insight and awareness of what is happening. Supervisors (leaders) need to be alert to signs of increasing stress in their staff and regularly check in with them. Secondly, ensure ways to maintain healthy stress levels for staff, such as cutting back on workloads, reassigning work to others, finding means to improve efficiencies, getting more help and finding the resources to make the job (whatever it is) more manageable. Thirdly, modify unrealistic expectations. Remind people that they cannot do it all, that they cannot be all things to all people and that they alone cannot fix every problem. Remind them that helping professions are prone to burnout and that goals need to be attainable. Making them too high, unrealistic, or if the time and energy needed to reach them is too much, can be harmful.

Firefighters and other emergency service workers are unique because they operate with a limited right of refusal. From recruit class on, they are trained to follow a military style chain of command, especially during emergency operations.

Firefighters and other PSPs trust that their safety is a number one priority of their incident commander's decisions. There is also a natural inclination that the same sense of trust regarding the safety of a firefighter and other PSP extends to non-emergency times as well. When it does, an environment of psychological safety exists. Firefighters/PSP and their respective leaders need to recognize Posen's three signs of burnout and have means in place for burnout prevention. When they do, PSP can be the best versions of themselves to serve their communities. ■

REFERENCES

Goleman, Daniel. (2007). *Social Intelligence*. Random House Publishing Group.

James, Henry. (1920). *The Letters of William James Edited by His Son Henry James in Two Volumes Volume II*. Boston, MA: Atlantic Monthly Press.

Loehr, J. & Schwartz, T. (2018). The Making of a Corporate Athlete. *HBR's 10 Must Reads on Leadership Lessons from Sports*. Harvard Business Review Press.

McShane, Steven L. (2003). *Canadian Organizational Behaviour Fifth Edition*. McGill-Hill Ryerson Education.

Posen, David MD. (2013) Is *Work Killing You: A Doctor's Prescription for Treating Workplace Stress*. House Of Anansi Press Inc.

Stanley IH, Hom MA, Hagan CR, Joiner TE. (2015). "Career Prevalence and Correlates of Suicidal Thoughts and Behaviors Among Firefighters." *Journal of Affective Disorders* 187:163-171.

BENEATH THE HELMUT PODCAST

with Host Arjuna George: Firefighter JAMES RYCHARD on Burnout and Human Performance

RÉSUMÉ

Guarding Against Burnout in the Emergency Services: A Firefighter's Perspective

JAMES RYCHARD
Bacc. (Psychologie), Pompier à Burlington (ON)

En tant que pompier canadien, l'auteur décrit l'épuisement professionnel comme quelque chose qui te ronge à petit feu. Il le décrit comme une condition unique qui peut se produire dans n'importe quelle profession—le point où l'on devient physiquement, émotionnellement, mentalement et spirituellement épuisé et le sentiment que leurs efforts ne sont pas reconnus. Soulignant que les pompiers et d'autres PSP, comme les policiers et les paramédics font face aux risques plus élevés en raison d'un droit de refus limité, l'auteur demande aux pompiers/PSP et à leurs dirigeants respectifs de reconnaître trois signes précis d'épuisement professionnel.

DISCOVER our contributing authors

SPECIAL ISSUE ON PEER SUPPORT FOR AND BY PUBLIC SAFETY PERSONNEL
GUEST EDITOR STAFF SERGEANT DR. ROBERT (BOB) CHRISMAS

STAFF SERGEANT DR. ROBERT (BOB) CHRISMAS
Post-doctoral fellow with the Canadian Institute of Public Safety Research and Treatment, University of Regina. His current research work focuses on mental health resources for public safety and emergency service personnel. Bob is a serving Staff Sergeant in the Winnipeg Police Service. He has served in law enforcement for over 35 years with a diverse policing career. Bob has published five books and many articles striving to contribute "literature that matters" on justice and social justice related issues. Learn more about Bob at **BChrismas.com**.

DR. R. NICHOLAS CARLETON, R.D.Psych. (SK)
Professor of Psychology, a registered clinical psychologist in Saskatchewan, and the Scientific Director for the Canadian Institute for Public Safety Research and Treatment. He has published 200+ peer-reviewed articles and has been awarded $60M+ in competitive funding. He has received several awards and recognitions, is a Member of the Royal Society of Canada's College, a Fellow of the Canadian Academy of Health Sciences, and was awarded the 2020 Royal-Mach-Gaensslen Prize for Mental Health Research. He is leading the RCMP Study (**rcmpstudy.ca**) and the extension study (**saskptsistudy.ca**) and is co-principal investigator on the PSPNET project (**PSPSNET.ca**).

CONSTABLE BRANDI CHRISMAS, BA, MA (Expected 2023)
A Constable with the Winnipeg Police Service (WPS) in her second year of policing, Brandi holds a BA in Sociology & Criminology from the University of Manitoba and is currently completing a Master of Peace and Conflict Studies degree at the Arthur V. Mauro Institute for Peace and Justice, University of Manitoba (jointly with University of Winnipeg). Brandi is a burgeoning scholar of justice-related issues, with six peer-reviewed publications to her name thus far.

DEVON CLUNIS, Canada's first Black Chief of Police – City of Winnipeg (Ret'd) **& First Inspector General of Policing – Province of Ontario** (Ret'd), **Author**
Devon has been married to his bride, Pearlene, for 30 years. They have two adult daughters and one grandson. Devon was born in Jamaica and immigrated to Winnipeg at age 11 in 1975. He joined the Winnipeg Police Department in 1987 from which he retired as Canada's first Black Chief of Police - Winnipeg, MB in 2016. Devon created Ontario's first Inspectorate of Policing, serving as the first Inspector General of Policing – Province of Ontario from October 2020 to January 2022. He is currently an international policing and leadership consultant.

DR. MITCH COLP, R.Psych. (AB)
Adjunct Assistant Professor with the University of Calgary, Clinical Director with Life Support Mental Health, and Registered Psychologist with Hexagon Psychology. His clinical work focuses on psychological assessment and, in recent years, he has taken specific interest in the proactive psychological assessment of public safety personnel. Dr. Mitch works across Canada, as he often partners with local governments, research institutions, and not-for-profit organizations to increase access to mental health services. He can also be found engaging in community-based research, teaching coursework at institutions across Canada, or supervising the next generation of mental health professionals.

DR. STEPHEN CZARNUCH
Associate Professor (Biomedical Engineering), joint-appointed to the Faculty of Engineering and Applied Science and the Faculty of Medicine at Memorial University. His technical focus is on machine learning, deep learning, and computer vision, centring on human motion and activity detection using computer vision and machine learning. He has extensive experience developing technologies for vulnerable populations, implementing a holistic, user-centered design philosophy centered on identifying user needs and evaluating health outcomes. His applied focus is on public safety personnel, including public safety communicators, persons with dementia and older adults.

DR. PHILIP DODGSON, CPsych. (ON)
Registered as a psychologist in Ontario for 25 years, Philip currently works in private practice in assessment, diagnosis and treatment of adults and young adults (2011-present). Approximately 1/2 of Philip's practice is PSP (police, fire service, EMT, nurses and physicians). Peer support has been a focus for 6 years, along with numerous assessments for Safeguard. Emphasis in treatment and education sessions includes the development of skills and behaviours in giving and receiving peer support and recognizing its role in maintaining healthy workplaces.

JILL FOLEY, MA, RP, CTTS
Master of Arts in Counselling Psychology and is a Registered Psychotherapist in Ontario. Jill has worked with first responders and their family members to address the impacts of occupational stress for more than a decade. Jill is currently pursuing a Doctorate in Counselling Psychology and focusing her research on the effects of first responder trauma. She is a part-time professor focusing on mental health and counselling skills. In addition to providing educational and clinical support, she believes the support between two individuals who share a common experience is invaluable.

SONYA GILL, BA Adv. BA Hons., MA (Expected 2023)
Sonya is a Master of Science (MSc) student in the Community Health Sciences program at the University of Manitoba. She completed both a BA Advanced (U. Manitoba, 2018) and a BA Honours (U. Manitoba, 2021) in Psychology. Sonya is currently a student research assistant in the CARe Lab and for CIPSRT at the University of Regina, conducting research and projects assessing and developing resources for emergency responders across Canada.

LCOL (Ret'd) **DR. ALEXANDRA HEBER, MD, FRCPC, CCPE**
National and international thought leader on mental health in military, veteran, and first-responder populations. After retiring from the Canadian Armed Forces, Dr. Heber became inaugural Chief of Psychiatry for Veterans Affairs Canada. In 2019, she served on the *Ontario Expert Panel on Police Officer Deaths by Suicide*. She worked with the Public Health Agency of Canada to develop the 2019 *Federal Framework on PTSD*. In 2020, she led the "*COVID-19 Readiness Resource Project*", and she recently appeared before the Mass Casualty Commission investigating the 2020 mass shooting in Nova Scotia, to discuss the needs of first responders. She is the creator and current Executive Director of a Knowledge Hub, the Canadian Institute for Pandemic Health Education and Response (CIPHER), a federally funded project to mobilize mental health resources for frontline workers affected by COVID-19. Dr. Heber is Associate Professor in the Department of Psychiatry and Behavioral Neurosciences at McMaster University.

DR. MARGARET MCKINNON, CPsych.
Full Professor and Associate Chair, Research in the Department of Psychiatry and Behavioural Neurosciences at McMaster University, where she holds the Homewood Chair in Mental Health and Trauma. She is also the Research Lead for Mental Health and Addictions at St. Joseph's Healthcare Hamilton and a Senior Scientist at Homewood Research Institute. Work in Dr. McKinnon's laboratory focuses on identifying the neural and behavioural correlates of PTSD and trauma-related illnesses and on translating this knowledge to the development and testing of novel treatment interventions aimed at reducing the cognitive and affective sequelae of these conditions. A licensed clinical psychologist and clinical neuropsychologist, Dr. McKinnon has a special interest in military, veteran, and public safety populations (including healthcare workers), and has worked with these groups clinically and in her research program.

DR. JOY MACDERMID, Clin. Epidemiol., PT
Clinical epidemiologist, physiotherapist, CIHR Sex and Gender champion, and Distinguished University Professor of Physical Therapy at Western University. Her research focuses on firefighter health, musculoskeletal health, upper extremity function, implementation of physical and mental health interventions/programs, and the impact of sex and gender on health. She is the Scientific Director of FIREWELL, an independent knowledge translation platform and research collaborative with firefighters.

STAFF SERGEANT DR. BETH MILLIARD
Police officer with York Regional Police in Ontario, Canada. She is in her 20th year and is currently a Uniform Staff Sergeant overseeing a platoon. She is also a postdoctoral fellow with the University of Regina in the Canadian Institute for Public Safety Research and Treatment (CIPSRT). As a subject matter expert in Project Safeguard and Peer Support, she has had the opportunity to speak at venues across North America and has been asked to participate in various Podcasts on her work as a leader in police wellness. She has been author and peer reviewer of many articles and book chapters related to first responder mental health and wellness. She has a Masters in Leadership and PhD in Criminal Justice/Law and Public Policy with an emphasis in mental health.

DR. SANDRA MOLL
Occupational Therapist and Associate Professor in the School of Rehabilitation Sciences at McMaster University. Her primary program of research focuses on workplace mental health, with two decades of research exploring approaches to early intervention and peer support. She is currently leading several national projects focusing on co-designing technology based solutions to address the stress and trauma experienced by frontline workers in both healthcare and public safety communities.

DR. JOLAN NISBET, CIPSRT Post-Doctoral Fellow
PhD in politics from the University of Glasgow (2021). Jolan is currently a Postdoctoral Fellow at the Canadian Institute for Public Safety Research and Treatment at the University of Regina. Jolan's research interests are gender, social support, and suicide prevention among Public Safety Personnel.

DR. ROSEMARY RICCIARDELLI
Professor (PhD, Sociology) in the School of Maritime Studies and Research Chair in Safety, Security, and Wellness, at Memorial University's Fisheries and Marine Institute. Elected to the Royal Society of Canada, her research centers on evolving understandings of gender, vulnerabilities, risk, and experiences and issues within different facets of the criminal justice system and among mariners. She has published 12 books, over 200 journal articles and 50+ chapters all in the areas of PSP, criminalized persons, and wellness – broadly defined. As a sex and gender researcher, her interests lay in the social health, identity construction, and lived experiences of individuals. Beyond work in the direct areas of peer support, she has been involved in peer support app creation and construction for a police service, app evaluation for public safety services, and other peer support app studies.

DR. KIM RITCHIE, RN
Assistant Professor at Trent University in the Trent/Fleming School of Nursing and Clinical Assistant Professor (Adjunct) in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Kim completed a PhD in Rehabilitation Science at Queen's University and is a Registered Nurse with clinical experience in mental health, geriatric mental health, and professional practice. Her research interests include the mental health and wellbeing of healthcare providers, public safety personnel, and Veterans, with a special interest on the care implications of PTSD and dementia in older adults.

JAMES RYCHARD
20-year firefighter with the Burlington Fire Department. With a BA in Psychology, James has merged his passion for studying team dynamics, as well as organizational and human behaviour with the job of firefighting. James is an accomplished author writing for both Firefighting in Canada and Canadian Firefighter magazines, writing on topics related to teamwork, leadership, and best practices. James sits on several committees with the IAFC, CAFC, and Humber College. In his spare time, James enjoys spending time with family; actively engaging in nature away from the job.

DR. KATHRYN SINDEN, RKin
Associate Professor (School of Kinesiology) and Adjunct Professor (Department of Health Sciences) at Lakehead University. She is also an Affiliate Scientist and Research Lead with the Centre for Research in Occupational Safety and Health (CROSH) and is current President of the Canadian Association for Research in Work and Health (CARWH). Her clinical and research expertise is in applied ergonomics and identifying key determinants of occupational health and work performance. Dr. Sinden collaborates with fire and paramedic sectors to develop solutions that support management of work exposures linked to adverse mental health including integration of wearable technology as a supplemental measure of autonomic dysfunction associated with adverse mental health.

DR. LORRAINE SMITH-MACDONALD
Postdoctoral Fellow within the Heroes in Mind, Advocacy, and Research Consortium (HiMARC) in the Faculty of Rehabilitation Medicine, at the University of Alberta. HiMARC is the provincial initiative researching the health and wellbeing of military, veterans, public safety personnel, and their families. Her research specializes in moral injury (MI) and how it intersects with other stress-related psychological injuries in military, veteran, and public safety personnel. She holds a PhD from the University of Calgary, a Master of Divinity from the University of Toronto, and a Master of Arts in Psychotherapy from Sir Wilfrid Laurier University.

EMILY SULLO (she/her), MMA Sc, Research Assistant
Graduate of the University of Toronto's Honours BSc Psychology program and Western University's Master of Management of Applied Science (MMASc) in Global Health Systems. Emily is currently a research assistant in the Trauma and Recovery Lab at McMaster University. In the lab, Emily is primarily involved in developing knowledge mobilization deliverables to disseminate research findings and conducting research focused on understanding the experiences of healthcare workers and public safety personnel during the COVID-19 pandemic.

DR. LINNA TAM-SETO
Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Linna currently leads the Military Health and Wellbeing Research Group in the Trauma and Recovery Research Unit and is a Research Scientist with the Families Matter Research Group. She holds a PhD in Rehabilitation Science and is a registered occupational therapist with experience working in child, adolescent, and family mental health and supporting evidence-based professional practice. Linna's research interests include understanding the health and well-being of Canada's military members, veterans, public safety personnel, and their families with a focus on life transitions and changes.

AMBER SCHICK, MA, BHJ
Research Associate with the Canadian Institute for Pandemic Health Education and Response (CIPHER). She has a Master of Arts Degree in Justice Studies and a BA in human justice, both from the University of Regina. Amber has worked in the human services field for over 13 years in the areas of mental health, addictions, and criminal justice. As both a researcher and frontline human services worker, Amber is extremely passionate about supporting and advocating for at-risk and vulnerable populations.

DR. RENÉE MACPHEE
Associate Professor, Wilfrid Laurier University and a Founding Member of the Canadian Institute for Public Safety Research & Treatment [CIPSRT] and has served as the research representative on several Canadian Standards Association (CSA) Technical Committees that have developed a suite of paramedic-specific standards. MacPhee's expertise is in pre-hospital care settings and paramedics, with a particular focus on physical health, injury, and mental health and wellbeing among Canadian paramedics. Her work integrates frontline paramedics into, and throughout, the research process to produce work that effects positive and impactful changes within the paramedic profession.

The CIPHER Mandate: Addressing the Mental Health Impacts of COVID-19 on Canada's Public Safety Personnel, Healthcare Professionals, Their Families and Caregivers

DR. ALEXANDRA HEBER, LCol (Ret'd), MD, FRCPC, CCPE,[1,2] Executive Director of CIPHER & Chief of Psychiatry, Veterans Affairs Canada

AMBER SCHICK, MA, BHJ[1]

Affiliations: [1]Canadian Institute for Pandemic Health Education and Response
[2]Associate Professor, Department of Psychiatry and Behavioural Neurosciences at McMaster University

The need for coordinated efforts in Canada to identify and support occupational groups facing a high risk of developing posttraumatic stress disorder (PTSD) culminated in 2018 with the Federal Framework on Posttraumatic Stress Disorder Act. Aiming to ensure timely access to mental health and well-being supports for public safety personnel (PSP), military personnel, and healthcare professionals (HCPs), this Act mandates the Public Health Agency of Canada (PHAC) to lead a coordinated, national approach for improved tracking of the incidence rate and associated socio-economic costs of PTSD, and the establishment of guidelines on best treatment practices and education to help these frontline workers when their mental health is compromised. Now, federal government funding is supporting nine applied research projects and the Canadian Institute for Pandemic Health Education and Response (CIPHER), a knowledge hub, to address the mental health impacts of COVID-19 on Canadian PSP, HCPs, and their families.

In June of 2018, the *Federal Framework on Posttraumatic Stress Disorder Act* was passed with all-party support by the Parliament of Canada and then became law. The *Act* acknowledges that those in certain occupations, including PSP such as firefighters, police, paramedics, corrections officers, public safety communicators, and border services officers, as well as military personnel and HCPs, are at greater risk of exposure to potentially traumatic events and therefore more likely than the average Canadian to suffer from PTSD. As such, the *Act* mandated PHAC to lead a coordinated, national approach to recognize PTSD within these occupational groups and provide information on the incidence of PTSD and its social and economic costs, and to encourage timely access to mental health and well-being supports for those affected. Through research, promotion and implementation of best practices, education, awareness, and evidence-based treatments, the resulting federal framework seeks to establish long-term solutions for those affected by occupationally related PTSD. While the Government of Canada passed the *Act* in 2018, its relevance has increased significantly during the COVID-19 pandemic.

Since the onset of the pandemic, the unique mental health challenges experienced by Canada's PSP and HCPs have garnered wide-spread attention. According to data collected during the pandemic, 35% of Canadian PSP scored above 33 on the PCL-5,


Canadian Institute for
Pandemic Health
Education and Response
CIPHER
ICEISP
Institut canadien
d'éducation et d'intervention
en santé en cas de pandémie

a self-report psychological instrument that assesses for the diagnostic symptoms of PTSD (Ritchie et al., 2022). Scores above 33 on the PCL-5 indicate the presence of PTSD symptoms severe enough to require formal treatment. In addition to these findings in PSP, approximately 25% of Canadian HCPs reported symptoms consistent with a probable diagnosis of PTSD.

In June of 2022, with a spotlight on the circumstances experienced by frontline workers within the COVID-19 context, and how these demands have impacted the mental health and well-being of PSP, HCPs, and their families, the Honourable Carolyn Bennett, Minister of Mental Health and Addictions and Associate Minister of Health, announced a 28.2 million dollar investment in mental health supports for those who have worked tirelessly throughout the pandemic to serve Canadians (Public Health Agency of Canada, 2022). During the announcement, Minister Bennett stated that "Canada's frontline and essential workers have sacrificed so much to keep us healthy and safe throughout the pandemic, and they deserve our support. With [this] investment, our government is helping create new tools to support those most at risk of PTSD and encourage their healing process, all while reducing stigma and removing barriers to care. To all frontline workers – we are incredibly grateful for your continued dedication and commitment to caring for our communities. Thank you!"

> *"CIPHER, a Knowledge Hub funded by the Public Health Agency of Canada through a partnership with the Canadian Institute for Public Safety Research and Treatment, will curate and mobilize the resources created by nine research projects tasked to develop resources to meet the mental health and well-being needs of Canadians most affected by the COVID-19 pandemic, including healthcare workers, public safety personnel, their families, and caregivers."*
> –**cipher-iceisp.ca**

This government funding supports the work being done by nine applied research projects developing resources to support the mental health and well-being of Canadian PSP, HCPs, their families and caregivers. In addition, this funding is supporting creation of a Knowledge Hub, the Canadian Institute for Pandemic Health Education and Response (CIPHER), which will host, promote, and share the resources developed by the nine projects, as well as inform and enhance Canadian pandemic-related mental health policy and practices going forward.

A BRIEF DESCRIPTION OF CIPHER AND THE NINE DEDICATED RESEARCH PROJECTS

CIPHER curates and mobilizes information and resources developed by the nine government-funded projects, supports evaluation and measurement of outcomes, and provides a space for knowledge exchange and collaboration among the projects. CIPHER activities encourage the creation of high quality, evidence-informed, accessible and practical interventions, training materials, and supports for Canadian PSP, HCPs, their families, and the service providers who care for them. CIPHER will serve as a template for networking with existing organizations to provide rapid responses that address significant mental health challenges for these "first-responders", now and into the future.

The ***Promoting Positive Mental Health and Well-Being*** project is adapting Canada's Department of National Defence's mental health literacy and resilience program, Road to Mental Readiness (R2MR), and tailoring it to meet the unique mental health and well-being needs of Canadian HCPs impacted by the COVID-19 pandemic.

The ***Expansion and Evaluation of the Before Operational Stress*** project offers training to PSP and frontline HCPs across Canada, who are regularly exposed to traumatic events and Posttraumatic Stress Injuries in the context of the ongoing COVID-19 pandemic.

The ***Beyond Silence*** project is creating and testing a new and innovative peer support e-mental health app, which improves opportunities for HCPs to build mental health literacy, reduces barriers to seeking support, and provides real-time access to confidential peer support.

Resilient Minds™ is a trauma-informed, peer-to-peer training program designed to enhance the personal resilience of fire service personnel. The Canadian Mental Health Association is adapting, translating, piloting, evaluating, and implementing *Resilient Minds™* for both Francophone fire fighters and Indigenous fire fighters, who have been affected by or are at higher risk of trauma-related psychological impacts due to their line of work and the COVID-19 pandemic.

The ***Healthcare Salute*** project is designed to support the mental health and well-being needs of Canadian HCPs serving throughout the COVID-19 pandemic. By utilizing healthcare providers' own experiences, this

project is developing evidence-based resources for affected and at-risk HCPs.

The ***Training and Development Program for Public Safety Personnel*** project improves access to relevant and urgent training for PSP and stakeholders. It expands upon the Canadian Institute for Public Safety Research and Treatment's (CIPSRT) existing training program, the R2MR Train the Trainer Program, provides new modalities and increased reach for existing training, such as an electronic R2MR (ER2MR), and pilots the testing and expansion of CIPSRT's newest training opportunities, such as "Treatment 101."

PSPNET Families serves the needs of PSP family-members experiencing mental health challenges and stressors related to the occupational risks faced by their PSP loved ones. PSPNET Families is complementary to PSPNET, a federally funded online service that offers internet-delivered cognitive behavioural therapy (iCBT) to PSP.

The ***Advancing Peer Support Programming*** project will provide a co-ordinated national approach to peer support for PSP, enabling evidence-based improvements and standardization, and ultimately leading to independent nationally recognized accreditations. This project will also develop and deploy a mobile health platform that provides private and secure access to peer support. These apps will facilitate peer support for up to 10,000 PSP working in corrections, emergency communications, fire services, and paramedic services.

The ***Bringing Mental Health Resources to Long-Term Care*** project equips long-term care staff with the capacity to deliver training that builds a common baseline of knowledge on what is mental health, why it matters, and what to do when mental health needs are identified in oneself and/or ones' peers. This program builds on the unique complexities in long-term care through a customized version of The Working Mind (TWM) program and implements a "train the trainer" model, so staff can administer the customized course in their long-term care homes.

The work being conducted by these nine projects is a crucial part of the larger pan-Canadian effort to support the mental health and well-being of PSP, HCPs, and their families— to help them heal, recover, and thrive amidst the on-going COVID-19 pandemic. The team at CIPHER is honoured to highlight and promote the resources being created by these nine projects, and to support the well-being of those who have sacrificed so much to ensure the health and safety of all of us. To learn more, please visit our website: **cipher-iceisp.ca**.

FUNDING ACKNOWLEDGMENT

CIPHER and the nine research projects are currently being supported though the Public Health Agency of Canada's investment Supporting the Mental Health of Those Most Affected By COVID-19. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada. ■

REFERENCES

Federal Framework on Post-Traumatic Stress Disorder Act, SC 2018, c. 13. **https://laws-lois.justice.gc.ca/eng/acts/f-7.38/page-1.html**

Public Health Agency of Canada (2022, June 27). Government of Canada invests $28.2 million in mental health support for trauma and posttraumatic stress disorder. *Government of Canada*. **https://www.canada.ca/en/public-health/news/2022/06/government-of-canada-invests-282-million-in-mental-health-support-for-trauma-and-posttraumatic-stress-disorder.html**

Ritchie, K., Brown, A., Karram, M., D'Alessandro-Lowe, A. M., Xue, Y., Pichtikova, M., Altman, M., Beech, I., Millman, H., Heber, A., O'Connor, C., Schielke, H., Malain, A., Lanius, R. A., & McKinnon, M. C. (2022). *Moral injury in Canadian public service personal during the COVID-19 pandemic*. Unpublished manuscript. McMaster University.

RÉSUMÉ

The CIPHER Mandate: Addressing the Mental Health Impacts of COVID-19 on Canada's Public Safety Personnel, Healthcare Professionals, Their Families and Caregivers

DR. ALEXANDRA HEBER, LCol (retraitée), MD, FRCPC, CCPE[1,2]
AMBER SCHICK, MA, BHJ[1]
Affiliations: [1]Institut canadien d'éducation et d'intervention en santé en cas de pandémie [2] Professeur associé, Department of Psychiatry and Behavioural Neurosciences at McMaster University.

La nécessité de coordonner les efforts au Canada pour identifier et soutenir les groupes professionnels à risque élevé de développer le trouble de stress post-traumatique (TSPT) a abouti en 2018 avec la Loi concernant un cadre fédéral relatif à l'état de stress post-traumatique. Afin d'assurer l'accès au soutien en matière de santé mentale et de bien-être du personnel de la sécurité publique (PSP), cette Loi a mandaté l'Agence de la santé publique du Canada de diriger une approche nationale coordonnée pour améliorer le suivi du taux d'incidence et des coûts socioéconomiques connexes du TSPT ainsi que l'établissement de lignes directrices sur les meilleures pratiques pour les travailleurs de première ligne. Le financement gouvernemental actuel couvre neuf projets de recherche incluant la création d'un centre de développement et d'échange de connaissances, l'Institut canadien d'éducation et d'intervention en matière de santé en cas de pandémie (ICEISP), qui aborde les répercussions de la COVID-19 sur la santé mentale des PSP, HCP et leurs familles.

Recommendations for Mental Health Screening in Public Safety Personnel Populations

DR. MITCH COLP
R. Psych. (AB), University of Calgary

Public safety personnel (PSP) place significant barriers around their mental health needs and the screening for psychological symptoms. Defensive attitudes and cultural variables among PSP often manifest in the withholding of psychological concerns or ignoring the physical signs of mental illness. Unfortunately, the chance of developing mental health issues related to the occupational risks is much higher for PSP than the general population. While this makes it extremely important for PSP to continually evaluate their mental health, there is a trend for PSP to under-report symptoms due to the potential impact on job security. The author concludes with potential recommendations for change.

Mental health challenges affect us all. Balancing life and work-related expectations and stressors, whilst the world itself evolves, can be a difficult feat for even the most talented juggler. Although most Canadians appear to be managing the functional impact of their lives on their mental wellbeing, a growing number are succumbing to the negative impacts (Statistics Canada, 2021). Individuals living with mental health challenges are more likely to experience increased life and workplace stress, which can lead to an increased probability for poverty, unemployment, lack of stable housing, social isolation, substance abuse, and suicide compared to unaffected individuals (Schneiderman, Ironson, & Siegel, 2005). As mental health challenges creep into all areas of an individual's life, it is not surprising that employers have demonstrated a growing interest in this topic and have begun to take preventive steps (e.g., Czabała, Charzyńska, & Mroziak, 2011).

In recent years, an increasing number of employers have displayed interest in fostering and maintaining a psychologically healthy workplace, and the concept of mental health screening for employees has also gained traction due to perceived impacts on organizational productivity, efficiency, and liability (e.g., Richardson, 2017). Multiple large-scale studies have shown that nearly half of employees with mental health conditions do not seek professional help or do so only after their symptoms have begun to impact their well-being and workplace performance (Andrews, Henderson, & Hall, 2001; Kessler et al., 2003). This is clearly bad news for employers. Screening is therefore favoured by many employers as a means of detecting early signs of mental health challenges so as to provide access to treatment and supports. This typically includes referrals to internal staff, employee-benefit and community-based programs, or private psychology firms. While the issue of delayed or otherwise deficient help-seeking for those experiencing mental challenges is not disputed, the possible role of mental health screening in general workplace settings has been strongly debated (McFarlane, 2017; Rona, Hyams, & Wessely, 2005). The debate is particularly contentious for those who work in public safety and experience significant job-related stressors, including repeated exposure to potentially traumatic events.

Public safety personnel (PSP) often include border services officers, correctional workers, firefighters, paramedics, police officers, and public safety communicators amongst others (CIPSRT, 2019). Research has consistently found that PSP are more

likely than members of the general population to experience work-related psychological distress and less likely to seek professional help (O'Donnell et al., 2008; Tehrani & Hesketh, 2019). Given the current social pressure placed on individuals in positions of perceived authority and responsibility, cumulative exposure to traumatic experiences and organizational stressors, and the host of other medical and psychological challenges that can be experienced, PSP are an ideal group to receive regular mental health screening as a preventive tool. The nature and perceived optics behind the concept of mental health screening, however, varies within the PSP community and leaves many with concerns.

BARRIERS TO MENTAL HEALTH SCREENINGS AMONG PSP

When the term "mental health screening" is mentioned by mental health professionals, many PSP immediately bring up the pre-employment or pre-duty requirement of psychological assessments. Such techniques are commonplace within PSP organizations and support a selection of individuals who may be more resilient to repeated trauma exposure or to identify which new members may need additional support or monitoring (Marshall et al., 2020). Pre-employment assessments often involve meeting with a regulated mental health professional and require the PSP to complete questionnaires to assess normal personality, abnormal psychopathology, and general traits commonly associated with success in the given domain or healthy overall adjustment. Such evaluations may be mandatory, personally identifying, result in clinical diagnosis, and could have negative consequences for the given PSP's selected career path. Psychological evaluations may also be used to provide evidence to maintain employment or qualify for advancement within specific units or divisions of an organization (Marshall et al., 2020). A recent systematic review of personality instruments, and other pre-employment screening measures, showcased only moderate levels of predictive validity and accuracy in assessing key risk factors for PSP, such as neuroticism and emotional liability (Marshall et al., 2017). Therefore, it is not surprising that the idea of psychological evaluation is initially met with apprehension and concern by many PSP. However, psychological evaluation and mental health screening are distinct forms of assessment and have completely different purposes within PSP organizations.

The intention behind mental health screening is to support PSP in understanding where they stand in their emotional and psychological health and direct them to any needed mental health resources (Jetelina et al., 2020). These kinds of assessments would require the completion of questionnaires to evaluate mental health challenges that are often present within PSP populations, such as anxiety, depression, chronic pain, trauma and operational stress (Shields et al., 2021). After completing such questionnaires, PSP may or may not be directed to discuss their findings with a regulated mental health professional. While on the surface such a pathway sounds very similar to a psychological assessment, the distinguishing feature is that screening is typically voluntary, anonymous and does not result in a formal diagnosis or any formal consequences for the PSP unless it identified them as an immediate safety risk to themselves or others.

Unless you are a clinical psychologist, the semantic distinction between psychological evaluation and mental health screening is not necessarily clear and this is one of the main reasons why PSP may not respond honestly during mental health screenings. A recent study by Marshall and her colleagues (2021) hypothesized that the accuracy of workplace mental health screening would depend on how the screening was administered and the level of confidentiality. The researchers found a general trend for PSP to under report symptoms of mental health when the screening was administered by their employer, often with only three-quarters of symptoms being disclosed. The study also identified that the degree of under-reporting was positively associated with the number of mental health symptoms that PSP experience. That is, those with the most severe psychopathologies were significantly more likely to under report, meaning that the PSP most in need of help were the least likely to be identified through employer-led screenings (Marshall et al., 2021). Frankly, such a finding flies in direct opposition to the meaning behind mental health screening and highlights the negative response to psychological evaluation by the PSP community.

Another barrier to mental health screenings relates to the public stigma attached to mental illness—in society and particularly within workplaces (Roche et al., 2016). Many PSP organizations reflect a male-dominated culture where a mentally tough, dependable, and controlled demeanour is valued and expressions of emotion are seen as weakness

(Langton, 2010). Critically, both public stigma and self-stigma can act as barriers to help-seeking and may prevent or delay early-intervention opportunities for a PSP in distress (Chae & Boyle, 2013; Hoge et al., 2004). Aside from the stigma associated with mental illness, the broader issue is whether PSP are likely to disclose symptoms of any kind to their employer (Rona, Hyams, Wessely, 2005). Some evidence already exists that PSP are unwilling to disclose mental health symptoms to their employer fearing negative career consequences (Bell & Palmer-Conn, 2018).

KEY RECOMMENDATIONS SUPPORTING EFFECTIVE OCCUPATIONAL MENTAL HEALTH SCREENING

By recognizing the organizational and cognitive barriers that present with PSP organizations, a number of key recommendations can support effective mental health screening processes, including 1) an internal communications effort helping PSP understand the difference between psychological evaluation and mental health screening; 2) assigning members of the leadership team to speak openly and candidly regarding the value of preventative screenings; 3) mandating annual mental health screenings; 4) hiring an independent third-party to facilitate the screening process; 5) assuring PSP that their results are kept confidential with the independent third-party unless there are clear safety concerns; 6) having the independent third-party encourage PSP to seek out a regulated mental health professional if any potential mental health concerns are identified; and 7) requiring the independent third-party to notify the organization as to PSP who continue on a downward trajectory of mental health over repeated screenings without seeking any internal or external supports.

Adopting evidence-informed solutions can improve the mental health screening process within organizations and positively impact the lives of many PSP. Further research is necessary to explore the efficacy of incorporating this specific constellation of techniques within PSP organizations as well as the potential impacts it can have on acceptance, stigma reduction, and long-term mental health outcomes for members. ■

REFERENCES

Andrews, G., Henderson, S., & Hall, W. (2001). Prevalence, comorbidity, disability, and service utilisation. Overview of the Australian National Mental Health Survey. B*ritish Journal of Psychiatry 178*: 145-153.

Bell, S., & Palmer-Conn, S. (2018). Suspicious minds: police attitudes to mental ill health. *International Journal of Law and Public Administration 1*(2): 1-25.

Canadian Institute for Public Safety Research and Treatment (2019). Glossary of Terms: A Shared Understanding of the Common Terms Used to Describe Psychological Trauma (Version 2.0). Available online: **https://www.cipsrt-icrtsp.ca/en/resources/glossary-of-terms** (accessed on September 18, 2022).

Chae, M.H., & Boyle, D.J. (2013). Police suicide: prevalence, risk, and protective factors. I*nternational Journal of Police Strategies & Management 36*(1): 91-118.

Czabała, C., Charzyńska, K., & Mroziak, B. (2011). Psychosocial interventions in workplace mental health promotion: an overview. *Health Promotion International 26*(1): 70-84.

Hoge, C.W., Castro, C.A., Messer, S.C., McGurk, D., Cotting, D.I., & Koffman, R.L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *The New England Journal of Medicine 351*(1): 13-22.

Jetelina, K.K., Molsberry, R.J., Gonzalez, J.R., Beauchamp, A.M., & Hall, T. (2020). Prevalence of mental illness and mental health care use among police officers. *Journal of the American Medical Association 3*(10): 1-12.

Kessler, R.C., Berglund, P., Demler, O., Jin, R., Koretz, D., Merikangas, K.R., Rush, A.J., Walters, E.E., & Wang, P.S. (2003). The epidemiology of major depressive disorder: results from the National Comorbidity Survey Replication (NCS-R). *Journal of the American Medical Association 289*(23): 3095–3105.

Langton L. (2010). *Women in law enforcement*. Waveland Press.

Marshall, R.E., Milligan-Saville, J.S., Mitchell, P.B., Bryant, R.A., & Harvey, S.B. (2017). A systematic review of the usefulness of pre-employment and pre-duty screening in predicting mental health outcomes amongst emergency workers. *Psychiatry Research 253*: 129-137.

Marshall, R.E., Milligan-Saville, J.S., Petrie, K., Bryant, R.A., Mitchell, P.B., & Harvey, S.B. (2021). Mental health screening amongst police officers: Factors associated with under-reporting of symptoms. *BMC Psychiatry 21*(135): 1-8.

Marshall, R.E., Milligan-Saville, J.S., Steel, Z., Bryant, R.A., Mitchell, P.B., & Harvey, S.B. (2020). A prospective study of pre-employment psychological testing amongst police recruits. *Occupational Medicine 70*: 162-168.

McFarlane, A.C. (2017). Is screening for the psychological effects of war useful? *Lancet 389*(10077): 1372-1374.

O'Donnell, M.L., Bryant, R.A., Creamer, M., & Carty, J. (2008). Mental health following traumatic injury: Toward a health system model of early psychological intervention. *Clinical Psychology Review 28*: 387-406.

Richardson, K.M. (2017). Managing employee stress and wellness in the new millennium. *Journal of Occupational Health Psychology 22*(3): 423-428.

Roche, A.M., Pidd, K., Fischer, J.A., Lee, N., Scarfe, A., & Kostadinov, V. (2016). Men, work, and mental health: a systematic review of depression in male-dominated industries and occupations. *Safety and Health at Work 7*(4): 268-283.

Rona, R.J., Hyams, K.C., & Wessely, S. (2005). Screening for psychological illness in military personnel. *Journal of the American Medical Association 293*(10): 1257–1260.

Schneiderman, N., Ironson, G., & Siegel, S.D. (2005). Stress and health: psychological, behavioral, and biological determinants. *Annual Review of Clinical Psychology 1*: 607-628.

Shields, R.E., Korol, S., Carleton, R.N., McElheran, M., Stelnicki, A.M., Groll, D., & Anderson, G.S. (2021). Brief mental health disorder screening questionnaires and use with public safety personnel: a review. *International Journal of Environmental Research and Public Health 18*: 1-30.

Statistics Canada (2021). *Symptoms of mental health disorders over the course of the COVID-19 pandemic*. Available online: **https://www150.statcan.gc.ca/n1/daily-quotidien/210927/dq210927a-eng.htm** (accessed on September 18, 2022).

Tehrani, N., & Hesketh, I. (2019). The role of psychological screening for emergency service responders. *International Journal of Emergency Services 8*: 4-19.

RÉSUMÉ

Recommendations for Mental Health Screening in Public Safety Personnel Populations

DR. MITCH COLP
R.Psych.

Le Personnel de la sécurité public (PSP) érige les obstacles importants face au dépistage psychologique. Les attitudes défensives et les variables culturelles chez les PSP font souvent en sorte qu'ils cachent toute préoccupation psychologique ou ignorent les signes physiques de la maladie mentale. Malheureusement, le risque de développer des problèmes de santé mentale sur le plan occupationnel est bien plus élevé pour la PSP que pour la population générale. Bien qu'il soit extrêmement important pour les PSP d'évaluer continuellement leur santé mentale, ils ont tendance à sous-déclarer les symptômes car ils craignent pour leur sécurité d'emploi. L'auteur termine en formulant des recommandations de changement.

Gender Appears Not to Be a Dividing Factor in Mental Health Training: Initial Evaluations of Mental Health Training among Diverse Public Safety Personnel

DR. JOLAN NISBET
CIPSRT Post-Doctoral Fellow

The author was surprised when public safety personnel (PSP) turned down her offer of gender-specific focus groups related to mental health training. Noting the mixed-gender focus groups that followed were completely unhindered by any old boys' club baggage, the author applauds progress being made in reducing gendered division. She encourages PSP to reflect on how to continue this trend and questions whether members who self-identify as transgender, two-spirit or non-binary would have felt as comfortable sharing their experiences.

As a qualitative researcher interested in gender, I assumed that Public Safety Personnel (PSP) would jump at the opportunity to participate in gender-specific focus groups to evaluate mental health training materials. To my surprise, this was not the case. Initially, the rejection of gender-specific focus groups to assess the training materials baffled me. Observations of many gender-related differences among Public Safety Personnel have been reported, including but not limited to the risk of developing symptoms related to a mental health disorder or a more reciprocal understanding of social support among female PSP (Angehrn et al., 2022; Carleton et al., 2018; Kaur et al., 2021). Based on this research, I assumed that participants would prefer gender-based groups to evaluate their mental health training. Instead, I was struck by the comradery among participants. To paraphrase a collection of responses "the training was done together, and the evaluation should be done together."

Acknowledgements: Immense gratitude to all the PSP-PTSI trainers for your hard work and dedication to mental health advancements. Each of you has been a joy to work with. A special thanks to Sgt. Jodi Earl (Saskatoon Police Service) and Dr. Katie L. Andrews for your thoughts and helpful comments on the initial draft of this article.
–Jolan Nisbet

Reflecting on this mental health training process, it is important to note that the content was taught by men and women selected from within PSP organizations. Placing women in key training roles is likely to have impacted the trajectory of discussion. However, perhaps gender was not the 'make or break' component that many of us have assumed it would be. Instead, factors such as the trainers' skills-set, approach, vulnerability, and concern for folks within their organization may be what stands out more for participants. During the focus group discussions, I found that participants respectfully listened to others and engaged in a healthy dialogue. There was esteem amongst the participants. There was no lingering sense of an 'old boys' club.

The evaluations of the training content and process were voluntary, and this may arguably have created certain unknowable biases (Carleton et al., 2022).

Further research is required to better understand these gender-related dynamics. As gender is a broad concept, I question if those who self-identify as transgender, two-spirit or non-binary would feel as comfortable sharing their experiences in a wider group. I do not have the answer to this question, but I am curious. At this point, I can say with confidence that progress has been made in reducing gendered division, and I applaud this. However, I would also encourage us all to reflect on how we can continue to expand and promote Equity, Diversity, and Inclusion during mental health training within our organizations. ■

REFERENCES

Angehrn, A., Vig, K. D., Mason, J. E., Stelnicki, A. M., Shields, R. E., Asmundson, G. J. G., & Carleton, R. N. (2022). Sex differences in mental disorder symptoms among Canadian police officers: The mediating role of social support, stress, and sleep quality. *Cognitive Behaviour Therapy 51*(1): 3–20. **https://doi.org/10.1080/16506073.2021.1877338**

Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., Duranceau, S., LeBouthillier, D. M., Sareen, J., Ricciardelli, R., MacPhee, R. S., Groll, D., Hozempa, K., Brunet, A., Weekes, J. R., Griffiths, C. T., Abrams, K. J., Jones, N. A., Beshai, S., Cramm, H. A., Dobson, K. S., Asmundson, G. J. G. (2018). Mental Disorder Symptoms among Public Safety Personnel in Canada. *Canadian Journal of Psychiatry / Revue Canadienne De Psychiatrie 63*(1): 54–64. **https://doi.org/10.1177/0706743717723825**

Carleton, R. N., Krätzig, G. P., Sauer-Zavala, S., Neary, J. P., Lix, L. M., Fletcher, A. J., Afifi, T. O., Brunet, A., Martin, R., Hamelin, K. S., Teckchandani, T. A., Jamshidi, L., Maguire, K. Q., Gerhard, D., McCarron, M., Hoeber, O., Jones, N. A., Stewart, S. H., Keane, T. M., … Asmundson, G. J. G. (2022). The Royal Canadian Mounted Police (RCMP) Study: Protocol for a prospective investigation of mental health risk and resilience factors. *Health Promotion and Chronic Disease Prevention in Canada 42*(8): 319–333. **https://doi.org/10.24095/hpcdp.42.8.02**

Kaur, N., Ricciardelli, R., Fletcher, A., & Carleton, R. N. (2021). 'You are safe. You are not alone:' gender and Social Support Coping (SSC) in public safety personnel. *Journal of Gender Studies 0*(0): 1–16. **https://doi.org/10.1080/09589236.2021.2011168**

RÉSUMÉ

Gender Appears Not to Be a Dividing Factor in Mental Health Training: Initial Evaluations of Mental Health Training Among Diverse Public Safety Personnel

DR. JOLAN NISBET
Boursier postdoctoral, ICRTSP

L'auteure a été surprise lorsqu'un groupe de membres du personnel de la sécurité publique (PSP) refusait l'offre d'une formation sexospécifique sur la santé mentale. Notant que la formation mixte qui a suivi n'a pas été entravée par les sentiments du 'club de vieux garçons', l'auteure applaudit aux progrès réalisés vis-à-vis égalité entre les sexes et respect. Elle encourage PSP à réfléchir à la façon de poursuivre cette tendance, et se demande si les membres qui s'identifient comme transgenres, bispirituels ou non binaires se seraient sentis aussi à l'aise dans le groupe.

Peer Support for Public Safety Personnel (PSP): One Way of Addressing Stigma

STAFF SERGEANT DR. BETH MILLIARD

Essential conduits to healthy help-seeking practices, peer-support programs work intuitively to dispel associated stigma within PSP culture. Such change is important, because stigma around mental health is an organizational factor causing more stress among PSPs than exposure to traumatic events. For PSP, not help-seeking can be motivated by fear of being labeled as weak, lazy, or unable to do one's job. The newly formed national Peer Support Committee Network (PSCN) is working on best practices that integrate top-down internal policies and standards to ensure compliance across agencies.

As a serving public safety personal (PSP) for the last 20 years, I have seen the concept of mental health slowly evolve in Canada. Once regarded as a taboo subject (never to be discussed), mental health has come to the forefront through the courageous conversations of a growing number of people speaking from lived experience. Some PSP organizations have encouraged mental health champions in the workplace to rise up through leadership and promote organizational wellness. At the same time, stigma about mental illness still looms, adding a layer of perceptual fears that makes some decide to not seek help early. In fact, there is still some resistance to accepting support, even after horrific events we are exposed to. Officers openly accept being physically injured in the line of duty, or diagnosed with a physical illness; however, the thought of being mentally unwell as a PSP is still wrongly equated to weakness, a character flaw with accompanying perceptions that one is unable to do one's job. No-one wants that label.

In 2016, Workplace Safety Insurance Board (WSB) in Ontario recognized post-traumatic stress disorder (PTSD) as a specific hazard that PSP may face. Even with all this change in legislation, PSP remain hesitant to seek help at the first sign something is wrong. Feeling the need for change, over the last 10 years of my career, I became immersed in peer support as a mental health champion: peer supporter, leader, policy maker and researcher. Through my research and personal experiences, I have learned that well-established peer support programs can make a huge difference in terms of early help-seeking among PSP.

Stigma (plural, stigmata) is a "Greek word that in its origins referred to a kind of tattoo mark that was cut or burned into the skin of criminals, slaves, or traitors in order to visibly identify them as blemished or morally polluted persons" (Encyclopedia.com, 2019, para 1). Stigmatized individuals were historically ignored and treated as outcasts in public places. Over time, the word stigma came to be applied generally to any personal attributes considered shameful.

For PSP, not help-seeking means suffering in silence and trying to self-manage or live in denial for fear of being labeled or branded by supervisors, co-workers and even family as weak, lazy, or unable to do one's job (Milliard, 2021). Tragically, but like most physical ailments, a mental health illness will not 'disappear in time' without diagnosis and treatment.

Karaffa and Tochkov (2013) observe that stigma is correlated with police officers not seeking out mental health services and that police officers often underestimate a co-worker's willingness to seek out mental health services. While the stigma around

mental health also makes the general public wary about seeking help, the fears are magnified for those having a career in policing, given the nature of the work. Officers often feel they have something to lose.

ORGANIZATIONALLY ENTRENCHED STIGMA AROUND MENTAL HEALTH ISSUES

There is still a lingering feeling within the PSP culture that seeking help for mental health-related issues may result in missed promotions, forced administrative duty, or having their firearms confiscated which equates to a loss of status for some (Crowe, Glass, Lancaster, Raines, & Waggy, 2015). Watson and Andrews (2018) have also found that the greatest barrier to officers reaching out for help is the potential harm to career, including a fear that their co-workers will lose confidence, and therefore trust, in them. This is also tied into organizational stigma. White, Aalsma, Holloway, Adams, and Salyers' (2015) research with juvenile probation officers highlighted that those who suffered burnout because of their profession also stigmatized mental health treatment and support.

One way to help settle the stigma associated with mental health issues is the creation of peer support teams. Peer support programs have existed in the United States for decades but only started gaining in popularity in Canada during the last decade. Being able to share similar experiences (personal or professional) with colleagues who can provide genuine, empathetic support can make the difference for someone wavering about reaching out for help. Peer support teams can be created within PSP organizations, or externally to give members an extra layer of anonymity when seeking help. Access to peer support has also increased due to advances in technology. Instead of just being connected through a phone call, PSP's can also text or even connect virtually.

PEER SUPPORT NEEDS TO BE MORE THAN JUST A "CONVERSATION"

Peer support has increased mental health literacy, which in turn has helped decrease the stigma for officers seeking mental health support. Milliard's research identified the need for mental health training and support to be driven from the top down (Milliard, 2020). Internal policies can solidify a police chief's stance on mental health and help members understand the role and value of peer support. Peer support standards are necessary to provide a general framework for police services to follow, and to ensure that agencies are on the same page. Standardization is important in police organizations as a component of risk management and for the sharing of resources.

Milliard's research participants also agreed that "organizational culture" has a significant influence on how people feel, think, and act – and that this can perpetuate stigma (Milliard, 2020). As a result, the peer supporters interviewed overwhelmingly stated that "organizational" stressors are the most prevalent source of stress. Being aware of this information was important as it was typically believed that exposure to traumatic events was the main source of stress for police officers. Now we are coming to understand that organizational stress can be just as impactful. This is an important phenomenon to understand, as organizational stress can be somewhat controlled, whereas what an officer encounters on the street dealing with the general public cannot.

Some examples of organizational stressors, according to my interviews with peer supporters, include (1) promotional processes, and (2) unsupportive (real or perceived) supervisors. Unsupportive supervisors include those who are indecisive or those who seem to turn a blind eye to bullying and harassment in their respective units. Managers with authoritative leadership styles and lacking emotional intelligence and self-awareness also cause undue stress. These types of leaders, whether they do it knowingly or unwittingly, tend to foster unsupportive environments. They can be the cause of stressors, or perpetuate underlying ones in certain members, that affect mental health.

Peer support teams whether internal or external are a valuable resource related to mental health that also promotes stigma reduction within PSP culture. However, creating standards, setting internal policies and ensuring sound processes are in place to select and maintain peer support programs should not be ignored. At the newly formed National Peer Support Committee Network (PSCN), we are working along these lines on best practises for PSP and including their families and war veterans. Through this working group, we can continue to improve the PSP peer support process, making it a valuable resource not only as a conduit for help-seeking but also a dedicated tool to dispel the stigma of mental illness across PSP agencies. ■

REFERENCES

Crowe, A., Glass, S., Lancaster, M., Raines, J., & Waggy, M. (2015). Mental Illness Stigma among First Responders and the General Population. *Journal of Military and Government Counseling 3*(3): 132-228. **https://mgcaonline.org/wp-content/uploads/2013/02/JMGC-Vol-3-Is-3.pdf Encylopedia.com**. (2020).

Stigma. **https://www.encyclopedia.com/plants-and-animals/botany/botany-general/stigma**.

Karaffa, K. M., & Tochkov, K. (2013). Attitudes toward seeking mental health treatment among law enforcement officers. *Applied Psychology in Criminal Justice 9*(2): 75-99.

Milliard, B. (2020). Utilization And Impact of Peer-Support Programs on Police Officers' Mental Health. *Frontiers In Psychology*.

Milliard, B. (2021). Stigma of Mental Illness for First Responders. In Dobson, K. & Stuart, H. (Eds) *The Stigma of Mental Illness*. Oxford University Press.

Watson, L., and Andrews, L. (2018). The effect of a Trauma Risk Management (TRiM) program on stigma and barriers to help-seeking in the police. *International Journal of Stress Management 25*(4): 348–56. **doi:10.1037/str0000071**.

White, L. M., Aalsma, M. C., Holloway, E. D., Adams, E. L., & Salyers, M. P. (2015). Job-related burnout among juvenile probation officers: Implications for mental health stigma and competency. Psychological Services 12(3): 291–302. PubMED. **doi: 10.1037/ser0000031**.

RÉSUMÉ

Peer Support for Public Safety Personnel (PSP): One Way of Addressing Stigma

SERGENT D'ÉTAT-MAJEUR DR. BETH MILLIARD

Les programmes de soutien par les pairs sont des canaux clés de soutien sain et contribuent également intuitivement à éliminer la stigmatisation au sein de la culture PSP. C'est important car la stigmatisation est un facteur organisationnel causant plus de stress chez les PSP que l'exposition à des événements traumatisants. Pour PSP, ne pas chercher de l'aide peut être motivé par la crainte d'être marqué comme faible, paresseux, ou incapable d'effectuer leur travail. Le nouveau National Peer Support Committee Network travaille sur les meilleures pratiques intégrant des politiques et des normes internes pour assurer la conformité inter-agences.

Suitability Characteristics for Members of Peer Support Teams for Public Safety Personnel (PSP)

DR. PHILIP DODGSON
R. Psych. (ON)

The work culture of public safety personnel has historically been characterized by a dominant ethos related to the need to self-sustain given grievous circumstances. At the same time, Public Safety Personnel (PSP) today increasingly face a unique set of stressors—including routine witnessing of our worst societal problems (e.g., domestic and community violence, poverty, industrial accidents, etc.) and resulting exposure to traumatic incidents. In spite of a lack of empirical research into appropriate supports, an evidence-based consensus derived from PSP involvement in agency-driven support suggests that peer support is key to change.

Public Safety Personnel (PSP) face a unique set of stressors that includes not only the more obvious higher risks for traumatic incidents but also stressors related to routine exposure to our worst societal problems (e.g., domestic and community violence, poverty, industrial accidents, etc.). The evolving public perceptions, such as disrespect, mistrust and negativity to those in uniform, add to this stress. Organizational factors such as workplace culture, low morale and institutional disenchantment constitute another source of stress that can be more harmful to PSP mental health than even traumatic stress (Milliard, 2020). Added to this risk profile are PSP expectations that, beyond holding a "job", they are undertaking roles that serve and add value to the community. As such, many PSP implicitly hope to be valued, respected by the community and cared for by the organizations they serve.

To address these needs, peer support programs have been intuitively recognized and adopted for some years in a public safety context (Price et al., 2022; Creamer, Varker, Bisson et al., 2012; Levenson & Dwyer, 2003). Although there is a lack of research into what the most desirable and effective characteristics are for peer supporters (Creamer et al., 2012; Price et al., 2022), there is expert consensus that peer supporters be members of the target population, have considerable field/work experience and enjoy the respect of workplace peers. (Creamer et al., 2012). Price et al. (2022) add a helpful typology of peer support programs while noting the necessary diversity in defining what peer support means to different PSP organizations.

While Price et al. (2022), Milliard (2020) and Creamer et al. (2012) offer helpful over-arching frameworks for understanding and empirically developing peer support programs, this paper proposes a set of core suitability characteristics for peer supporters based on clinical experiences of PSP seeking mental health services, including those who have received and/or rejected peer support in the past or are already functioning in peer support roles.

Peer support may be improperly considered a therapeutic endeavour. Price et al. (2022) reference the approach of Prairies to Peaks Consulting, which emphasizes supportive relationships and resilience, a normalizing of mental health challenges and stigma reduction. These are excellent goals for Peer Support programs because the best peer supporters are arguably those co-workers whose genuine (as opposed to overdone, patronizing or saccharine) thoughtfulness and care for

other members is obvious. Since crisis episodes often occur in PSP professions, peer support engagements should become routine responses to time off work, observed changes in behaviour or spontaneous comments made by PSP that show a progression toward cynicism, disenchantment and general work fatigue (Milliard, 2020). Peer supporters must be interpersonally savvy in order to function effectively within PSP workplaces which – arguably due to the nature of the work itself – have historically been characterized by a dominant culture valuing strength (machismo), calm demeanour and a suppression of unnecessary emotional expression (stoicism) that now includes denial of mental health concerns.

Consequently, peer support programmes that fail to select based on relevant suitability characteristics will inevitably fail to demonstrate impact on workplace statistics such as use of and benefit from peer support programmes, absence due to illness, measures of morale and mental health of members. The suitability characteristics for peer supporters here proposed are drawn from the experience of over 1500 clinical hours with PSP who have either sought psychotherapy or participated in Safeguard sessions/evaluations. Although without empirical evaluation, these characteristics represent what PSP have most commonly described as the most crucial characteristics of peer supporters. Each of these characteristics falls under Creamer et al.'s (2012) "respect of workplace peers" factor, noted above: (1) Credibility; (2) Trustworthiness; (3) Approachability; and (4) Resilience and Life Balance.

CREDIBILITY

PSP show disdain and unwillingness to approach or confide in peers who lack adequate experience in the workplace. Peers who are considered to have "easy" or "safe" roles are frequently judged as unlikely to "understand" and more likely to offer unhelpful support because they don't have the same lived work experience. Others who may not rise to be peer supporters are those seen to have gained a promotion too quickly, or those who tend to side-step tasks/roles that might require extra from them or for which they will not be given credit.

The most credible peer supporters are those PSP who not only pull their own weight but also help colleagues in any way they can on a regular basis. Such peers need not have worked many years; but must also be known to have experienced serious situations and stressors. They must be regarded as knowledgeable about such situations and shown evidence of effective coping. This can and often includes PSP who have required medical/mental health leave and returned to work successfully.

TRUSTWORTHINESS

It is commonplace to hear PSP speak about not wanting to confide in colleagues because of gossiping. PSP commonly refer to their workplace as having a "high school mentality" in which rumour and talking about others is rampant. Although workplace gossip is not unique to public safety institutions, its potential for *loss of respect* is perceived to be higher in PSP occupations and have more negative impacts. This is evidenced in the way those returning from mental health leave will anticipate being regarded as weak, permanently flawed and possessing reduced capacity to meaningfully contribute. PSP who have lost status due to such "weakness" perceive themselves as unwanted and untrusted in the line of duty. One routine phrase for members serving in alternative capacities is they are working in units for "broken toys." Respected and approachable peer supporters are therefore those who are well known for not participating in gossip or for shutting down talk about others and walking away from staff spreading rumours.

Trustworthiness—part of being credible—has a second and crucial aspect. A peer supporter must be able to handle sensitive information confidentially and without panicking or overreacting. Talking about one's anxiety, depression, grief, substance use or anything else that could signal "weakness" requires trust that the peer supporter will be a safe source of calm and sage direction. PSP trust peer supporters who do not judge them, but rather are accepting, normalizing and able to impart ways of dealing with it. All PSP are expected to report concerns that threaten public safety; therefore good peer supporters must be trusted to make such a judgment, of course sharpened through specific training for the role. For example, a conversation about alcohol use may be helpful enough but a peer supporter needs to know when to make a formal report and when it is sufficient to point a person in the right direction to obtain appropriate help. Good peer support programmes provide training for how to best handle these kinds of situations.

APPROACHABILITY

Effective peer supporters have highly developed social skills making interactions easy. In such

cases, engaging after a critical incident or about something personal is not "jarring" or awkward but is a relief. While possessing experience and credibility, solid peer supporters are not easily shocked by messy situations, mistakes or problems and can lend helpful perspectives. Those perceived as overly serious, strict or critical are harder to talk to about mistakes, poor choices, stress or needing help handling a problem. Approachable peer supporters are charismatic and otherwise likely to be peer-nominated to a leadership role.

RESILIENCE & LIFE BALANCE

This last factor affirms that peer supporters gain colleagues' respect through showing healthy resilience and proper work-life balance. Those regarded as "married to the job" or having no identity aside from their job are less relatable even if respected. Successful peer supporters have a demonstrated capacity to undergo traumatic events, organizational stress, or personal problems (e.g., divorce, loss of a child, health problems) with a good degree of resilience, making them more approachable and being recognized as having something to offer.

Certain features are not mentioned here as key suitability characteristics but remain important. Good peer supporters need healthy communication skills but that doesn't mean they can't be quieter or more introverted than others. No single peer supporter will be experienced as "perfect" for everyone and therefore a team that has diversity in gender, ethnicity, rank/position and years of experience is important. Individuals who regard themselves as "amateur therapists" are perhaps less likely to be successful in peer support roles as they may come off as invasive and less trustworthy: Peer support really is about taking initiative to be thoughtful, direct and sensitive in expressing care and interest aimed at helping others maintain a healthy morale. PSP receiving good peer support feel grateful for having solid and caring co-workers, do not feel unsafe or exposed, and appreciate thoughtful direction in seeking appropriate outside support such as through their family doctor or seeing a psychologist or similar professional.

CONCLUSION

Despite the lack of systematic outcome research (Price et al., 2022), peer support programmes are being developed and widely used in PSP workplaces. To ensure effective impact and effective implementation, it is vital that peer support programmes consider and select for key suitability characteristics. No amount of training, education or faithful adherence to procedure will render peer supporters not respected by workplace peers more approachable. The characteristics of Credibility, Trustworthiness, Approachability, Resilience and Life Balance offer a basic but informed starting point. In addition to adequate training for peer supporters and adhering to a specific peer support model (Price et al., 2022), peer support programmes must select peer supporters who possess these key suitability features. ■

REFERENCES

Creamer, M. C., Varker, T., Bisson, J., Darte, K., Greenberg, W. L., Moreton, G., O'Donnell, M., Richardson, D., Ruzek, J., Watson, P. & Forbes, D. (2012). Guidelines for peer support in high-risk organizations: An international consensus study using the Delphi Method. *Journal of Traumatic Stress 25*: 134-141.

Levenson, R. L., Jr., & Dwyer, L. A. (2003). Peer support in law enforcement: Past, present, and future. *International Journal of Emergency Mental Health 5*: 147-152. **http://psycnet.apa.org/psycinfo/2003-09944-005**

Milliard, B. (2020). Utilization and impact of peer-support programs on police officers' mental health. F*rontiers in Psychology 11*: 1-8.

Price, J.A.B., Ogunade, A.O., Fletcher, A. J., Ricciardelli, R., Anderson, G.S., Cramm, H. & Carleton, R.N. (2022). Peer support for public safety personnel in Canada: Towards a typology. *International Journal of Environmental Research & Public Health 19*: 5013. **https://doi.org/10.3390/ijerph19095013**.

RÉSUMÉ

Suitability Characteristics for Members of Peer Support Teams for Public Safety Personnel (PSP)

DR. PHILIP DODGSON

La culture de travail du personnel de la sécurité publique a toujours été caractérisée par un éthos dominant lié à la nécessité d'autosuffisance dans des circonstances graves. Pourtant, ils (PSP) sont de plus en plus confrontés à un ensemble unique de facteurs de stress, y compris le fait d'être témoins de nos pires problèmes sociétaux, comme violence domestique et communautaire, pauvreté, accidents industriels, etc. Malgré le manque de recherches empiriques sur les soutiens appropriés pour ce traumatisme et la stigmatisation entourant la santé mentale, un consensus fondé sur des données probantes suggère un soutien par les pairs est la clé du changement.

PeerOnCall: App-Based Peer Support for Canadian Public Safety Personnel

DR. SANDRA MOLL

DR. R. NICHOLAS CARLETON, R.D.Psych. (SK)

DR. STEPHEN CZARNUCH

DR. JOY MACDERMID, Clin. Epidemiol., PT

DR. RENÉE MACPHEE

DR. ROSE RICCIARDELLI

DR. KATHRYN SINDEN, RKin

PeerOnCall is a new app platform designed by and for Canadian Public Safety Personnel to provide information, mental health resources and private, secure links for peer support. Now in its second testing phase, McMaster University, the Canadian Institute for Public Safety Research and researchers at Laurier, Western and Memorial University are working together to explore how to optimize implementation and impact of the app in a range of Public Safety organizations across Canada.
oncallapp.ca / oncall@mcmaster.ca

Public Safety Personnel (PSP) in Canada – a designation that includes but is not limited to correctional workers, public safety communicators, firefighters, paramedics, and police – play a key role in protecting the health and safety of all Canadians. Public safety service can negatively impact mental health, putting PSP at an elevated risk for posttraumatic stress injuries (PTSIs) (Carleton et al., 2018). Access to support can be challenging for PSP due to several mental health stigmas and the limited availability of evidence-based interventions from service providers who understand the unique culture and challenges of PSP service. Peers can be a trusted source of support and can facilitate help-seeking for their colleagues. Peer support is highly valued within many PSP communities, but expectations, models of service delivery, resources, and infrastructure to support the peer supporters are often fragmented (Anderson et al., 2020).

PeerOnCall: LAUNCH OF A PEER-TO-PEER SUPPORT APP PLATFORM FOR PUBLIC SAFETY PERSONNEL (PSP)

The *PeerOnCall* platform was created to address gaps in resources, for mitigating PTSI, including peer support (Di Nota et al., 2021). *PeerOnCall* was developed in partnership with the Canadian PSP community, the Canadian Institute for Public Safety Research and Treatment, Defense Research and Development Canada, and McMaster University with the goal of creating free, confidential access to high-quality information and peer support. This platform has two apps—*PeerOnCall* for support seekers and *PeerOnCallSupport* for peer support providers—and is designed to support secure anonymous connections for PSP by text or phone.

Additional features include access to a library of customized resources including 'peer wisdom' videos and evidence-informed articles on a range of topics such as managing a bad call, "work to home" transitions, supporting a colleague and reaching out

The PeerOnCall platform is designed to meet the needs of diverse PSP workplaces by ensuring access to relevant peer support and information about PTSD and trauma, while supporting capacity building and being scalable to accommodate future demand and resources.

for help. There is an option for tracking wellness over time and setting goals for change. Content can be filtered by organization and service sector. The *PeerOnCall Support* app is designed for peer supporters, where they can indicate their availability and access resources to support them in their role. Both apps will be available in both French and English via Android and Apple iOS platforms.

Common criticisms of the growing number of apps on the market include lack of input from service users in the development process and lack of systematic evaluation. As such, we have engaged in a lengthy and rigorous process of development and ongoing evaluation to ensure a high-quality product before general release to the PSP community. Development of the *PeerOnCall* platform and its two apps was informed by an iterative, five-stage human-centred design process: empathize, define, ideate, prototype, and test. The co-design process engaged over 75 PSP stakeholders across Canada, involving a series of interviews and focus group discussions to explore essential support needs. These initial connections were followed by prototyping and user-based testing. Initial pilot testing was conducted over a four-week period in 2021 with 58 frontline PSP and 35 peer supporters across three provinces. Overall feedback was positive regarding relevance of the content, accessibility, functionality, and privacy, but challenges regarding the triage and follow-up messaging functions were also noted. As per the iterative design process, feedback from testing was used to inform improvements to the processes for connecting with peer support.

The next evaluation phase will be to assess implementation of the *PeerOnCall* platform and apps within a range of PSP organizations across Canada. It is designed to be implemented within organizations; as such, partnerships with organizational champions will be established to strategize optimal implementation across a range of workplaces. The implementation team will develop training and onboarding materials for organizations, peer supporters and frontline PSP, and to ensure the app platform is personalized, functional, and scalable to meet increasing demand. Research funding will also support capacity building for peer support across participating PSP communities.

Two sources of funding have been secured to advance evaluation of implementation and impact of the *PeerOnCall* and *PeerOnCall Support* apps across diverse PSP organizations, including funding from the Movember Foundation and the Public Health Agency of Canada. We will be engaging a range of diverse organizations across public safety sectors (corrections, emergency communications, EMS, fire and police) to scale implementation and evaluation over a 3-to-6 month period. Gathering feedback from interviews, surveys and focus group discussions will allow us to improve this app platform and build recommendations for optimizing implementation across a range of organizations regardless of size, sector, and location.

In addition, funding from the Canadian Institutes of Health Research (CIHR) will enable development of a PeerOnCall Research and Coordination Hub governed by a national advisory team of PSP leaders. The goal is to develop the technical, implementation, and research infrastructure to support other researchers to conduct ongoing systematic research on the apps. The Hub will be responsible for developing a data management strategy, central oversight standards, and tools to help gather information about use and impact of the platform and its two apps.

Each of the three projects play a key role in establishing the foundations needed for scaled implementation. A key foundational element is ensuring access by an increasing number of organizations and a solid evidence base to inform ongoing implementation, evaluation, and continuous improvements. Piloting in new organizations will help us to understand technical capacity, performance, and patterns of use, as well as to gather feedback for ongoing improvements. During the next year, we plan to continue to partner with our national advisory team and enhance opportunities for continued app development, implementation, and evaluation.

The *PeerOnCall* and *PeerOnCall Support* app are currently only available to organizations participating in the pilot research projects. We plan to have evaluation data available next year that will inform future scaling required to support access to PSP organizations across Canada. If you would like to know more about the projects and be involved in content development or app testing, please feel free to check out our website **www.oncallapp.ca** or reach out via email: **oncall@mcmaster.ca**. ■

REFERENCES

Anderson, G. S., Di Nota, P. M., Groll, D., & Carleton, R. N. (2020). Peer support and crisis-focused psychological interventions designed to mitigate post-traumatic stress injuries among public safety and frontline healthcare personnel: a systematic review. *International Journal of Environmental Research and Public Health 17*: 7645. **https://doi.org/10.3390/ijerph17207645**

Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., Duranceau, S., LeBouthillier, D. M., Sareen, J., Ricciardelli, R., MacPhee, R. S., Groll, D., Hozempa, K., Brunet, A., Weekes, J. R., Griffiths, C. T., Abrams, K. J., Jones, N. A., Beshai, S., Cramm, H. A., Dobson, K. S., … Asmundson, G. J. G. (2018). Mental disorder symptoms among public safety personnel in Canada. *The Canadian Journal of Psychiatry 63*(1): 54–64. **https://doi.org/10.1177/0706743717723825**

Di Nota, P. M., Bahji, A., Groll, D., Carleton, R. N., & Anderson, G. S. (2021). Proactive psychological programs designed to mitigate posttraumatic stress injuries among at-risk workers: A systematic review and meta-analysis. *BMC Systematic Reviews 10*: 126. **https://doi.org/10.1186/s13643-021-01677-7**

App-based peer support designed by and for the Canadian Public Safety community

PeerOnCall

RÉSUMÉ

PeerOnCall: App-Based Peer Support for Canadian Public Safety Personnel

DR. SANDRA MOLL

DR. R. NICHOLAS CARLETON, R.D.Psych. (SK)

DR. STEPHEN CZARNUCH

DR. JOY MACDERMID, Clin. Epidemiol., PT

DR. RENÉE MACPHEE

DR. ROSE RICCIARDELLI

DR. KATHRYN SINDEN, RKin

PeerOnCall est une nouvelle plate-forme destinée à fournir de l'information, des ressources en santé mentale et des liens privés et sécurisés pour le soutien par les pairs. *PeerOnCall* est dans sa deuxième phase de tests et l'université McMaster, l'Institut canadien de recherche et de traitement en sécurité publique, et des chercheurs aux universités Laurier, Western et Memorial explorent ensemble comment optimiser la mise en œuvre et l'impact de l'application dans un large éventail d'organisations de Sécurité publique au Canada.
www.oncallapp.ca / oncall@mcmaster.ca

Understanding the Challenges of Peer Support for Public Safety Personnel

SONYA GILL, BETH MILLIARD, & ROBERT CHRISMAS

Peer support can help PSP deal with work-related stressors and build resiliency while helping reduce stigma around seeking help. In 2013, the Mental Health Commission of Canada introduced foundational peer support guidelines focused on practice and training for peer supporters, program development and policy creation. Various peer-support models are in use across Canada. Progress has been made, but the road is long. Problematic definitions of the terms, debates over recovery approaches and how to account for nuances between the PSP sectors are but a few of the concerns. The Canadian Institute of Public Safety Research and Treatment (CIPSRT) has created a typology of peer support currently available to PSP to enhance understanding and implementation across the PSP continuum.

Those who protect our safety and wellbeing are typically the ones who are routinely exposed to high levels of stress and potentially traumatic events. Public Safety Personnel (PSP) are the first people we call for help in an emergency (call centre operators/ dispatchers, police officers, firefighters, paramedics) as well as correctional officers, border service officers and support staff (Price et al., 2022a). Awareness of Post-Traumatic Stress and related mental health challenges that go along with the Public Safety professions has increased over recent decades. One of the resources PSP have used for organizational, operational, and personal stressors is peer support (Milliard, 2020; Chrismas, 2013). Peer support has been widely accepted as a confidential outlet for PSP to speak to their colleagues free from judgment and the risks of sharing private information. Peer support promotes the sense that PSP are not alone and encourages the idea that there is no stigma or shame in seeking help (Milliard, 2020).

Peer support is beneficial for PSP (Milliard, 2020). Peer support involves having someone who works in your field (e.g., a co-worker) or has a common lived experienced, who is there to provide reassurance or resources in a supportive environment. In addition, peer support can help build resiliency and decrease cumulative stress such as interpersonal problems, lack of socialization, and aggression (Price et al., 2022a). Participants also learn self-care techniques to avoid burnout and vicarious traumatization (Price et al., 2022b). Trust and confidentiality are critical in peer support and participants must feel they are in a safe environment and can be open without any repercussions from employers or loved ones.

Currently there are peer-support resources being provided by a variety of organizations across Canada. For example, the Wayfound Mental Health group uses a peer-enabled model by which external professionals lead, and peers assist (Price et al., 2022b). The International Association of Fire Firefighters (IAFF) uses a strictly peer-led model (Price et al., 2022b). Finally, the International Critical Incident Stress Foundation (ICISF) uses a peer-partnership model that is led by peers and external professionals (Price et al., 2022b). There are pros and cons to each model, but still no clear answers about which model(s) are best for a particular PSP organization or service sector.

Another issue with peer support involves the training curriculum. There are no universal or evidence-based standards for peer-training requirements. For example, in order to investigate a homicide, police officers are required to have the knowledge, skills, and abilities. The knowledge includes the completion of mandatory courses that meet provincial standards. The skills includes years of experience, starting

as a uniform officer, then entry into a criminal investigation unit, then homicide. The abilities are demonstrated through years of conducting various steps of investigations properly. Unfortunately, peer support does not yet have the same types and levels of standardization. Any PSP organization can pair two people together, call the pairing a peer-support program, and provide little-to-no training. Often there is no commitment of full-time resources for peer support, so officers are required to run peer-support teams off the side of their desk.

There are mixed opinions about how peer supporters should be selected. Some organizations believe in a nomination process where PSP talk about why a colleague should be a peer supporter by answering open-ended questions. Other organizations believe in an application process similar to a job posting whereby the member states why they want to be a peer and give their qualifications. Most people believe a peer supporter is someone with lived experience; however, the term lived experience has been somewhat controversial in the field. For example, some feel that lived experience must include a mental disorder diagnosis, whereas others see lived experience as simply having served as a PSP. The flexibility is so great that making the criteria related to "mental disorder" or "mental health" is challengingly ambiguous. By using the most liberal interpretation of the criteria anyone can be a peer to anyone. Clarifying the one or more definitions of who can be a peer is an important step for helping researchers work with peer support.

The Mental Health Commission of Canada (MHCC) created a set of peer support guidelines in 2013, with input from peer support workers across Canada. The MHCC helps create programs and tools to support the mental health and wellbeing of Canadians. Public policy is an area that the MHCC knows well because of a special mandate given to them by Health Canada, as well as their collaboration with the federal, provincial, and territorial governments. Prior to the MHCC, information on program and policy creation for peer support was sparse or non-existent. The peer-support guidelines created by the MHCC focused on the practice and training of peer supporters. The MHCC guidelines were made to not only help program developers, but also policy makers to increase resources for peer support among PSP (Sunderland & Mishkin, 2013). These guidelines are seen as the foundation for creating

peer support; however, there is room for improvement.

One area for improvement is making the guidelines less broad. This is an issue for the training principles especially since they lack operationalization of the content. For example, the guidelines conceptualization of recovery is centralized around mental health; however, some people may want to use a different approach to recovery, such as trauma-informed strategies. Secondly, the MHCC does not account for the specific nuances between the PSP sectors. The Guidelines should highlight the nuances in PSP occupations, such as workplace cultures and the unique challenges they face. The police organizational culture involves trained stoicism, maintaining composure, toughness, and control in difficult situations (Crowe et al., 2022; Chrismas, 2013). Historically, this culture has created stigma against mental health and therein a barrier to people seeking help. In an effort to mitigate stigma, more workplaces are providing in-house programming for mental health supports (Crowe et al., 2022).

Police officers commonly report being more substantially impacted by organizational stressors than psychologically traumatic stressors (Milliard, 2020). Promotion processes, for example, are said to cause more duress than confronting violence in the street (Milliard, 2020). Other PSP also experience stigma associated with seeking help with mental health; however, other PSP (e.g., firefighters) also have distinct occupational stressors (Johnson et al., 2020). Accounting for these nuances is likely to be important for creating effective peer support guidelines for PSP (Price et al., 2022b).

Another area in need of improvement are the definitions. Some issues exist with the current definitions of peer and peer support. Each program has a different definition. The MHCC defines peer as an individual who shares, at a minimum, a feature (e.g., age, gender), function (e.g. occupation, social group membership), or experience (e.g., a specific potentially psychologically traumatic event) with one or more individuals. Peer support is defined as a beneficial relationship between peers. Members of many organizations have argued these definitions need to be altered.

Recently, the Canadian Institute of Public Safety Research and Treatment (CIPSRT) conducted research to understand both the PSP experience and better ways to provide peer support. One way of doing this was to create a typology to enhance the understanding of peer support for Canadian PSP (Price et al., 2022b).

The CIPSRT team created the typology to help increase the understanding of peer support and its processes while also showing epidemiological patterns[1] (Price et al., 2022b) needed by mental health care providers and researchers for a better understanding of peer support and how to establish more generalizable approaches to implementation.

Public Safety Personnel (PSP) cannot be totally protected from potentially psychologically traumatic events and other stressors; nevertheless, it is possible to provide PSP with increasingly effective evidence-based tools to help them cope. As mentioned in the introduction to this Special Issue of the *JUSTICE Report*, we have come a long way in Canada safeguarding PSP mental health, but we still have a long way to go. ■

NOTES

1. Results of epidemiological studies are intended to find clues and associations rather than necessarily to show causal relationships. American Psychological Association. APA Dictionary of Psychology. 2020. Available online: **https://dictionary.apa.org/model**

REFERENCES

Chrismas, Robert. (2013). Canadian Policing in the 21st Century: A Frontline Officer on Challenges and Changes. Montreal, Canada: McGill-Queens University Press.

Crowe, A., Averett, P., Bonner, H., & Franks, C. (2022). "Let them know it's okay to get help": Addressing the Mental Health Needs of Police Officers. *Administration and Policy in Mental Health and Mental Health Services Research*, pp. 1-10.

Johnson, C. C., Vega, L., Kohalmi, A. L., Roth, J. C., Howell, B. R., & Van Hasselt, V. B. (2020). Enhancing mental health treatment for the firefighter population: Understanding fire culture, treatment barriers, practice implications, and research directions. *Professional Psychology: Research and Practice 51*(3): 304.

Milliard, B. (2020). Utilization and impact of peer-support programs on police officers' mental health. *Frontiers in psychology*, p. 1686.

Price, J. A., Landry, C. A., Sych, J., McNeill, M., Stelnicki, A. M., Asmundson, A. J., & Carleton, R. N. (2022a). Assessing the perceptions and impact of critical incident stress management peer support among firefighters and paramedics in Canada. *International journal of environmental research and public health 19*(9): 4976.

Price, J. A., Ogunade, A. O., Fletcher, A. J., Ricciardelli, R., Anderson, G. S., Cramm, H., & Carleton, R. N. (2022b). Peer support for public safety personnel in Canada: towards a typology. *International journal of environmental research and public health 19*(9): 5013.

Sunderland, K., & Mishkin, W. (2013) Guidelines for the Practice and Training of Peer Support. *Mental Health Commission of Canada*. **https://mentalhealthcommission.ca/resource/guidelines-for-the-practice-and-training-of-peer-support/**

RÉSUMÉ

Understanding the Challenges of Peer Support for Public Safety Personnel

SONYA GILL, BETH MILLIARD, ET ROBERT CHRISMAS

Le soutien par les pairs peut aider les PSP à gérer le stress au milieu de travail et renforcer la résilience tout en réduisant la stigmatisation à l'égard de la santé mentale. En 2013, la Commission de la santé mentale du Canada a adopté des lignes directrices axées sur la pratique et la formation des pairs, l'élaboration de programmes et la création de politiques. Divers modèles de soutien par les pairs sont utilisés partout au Canada. On a progressé, mais la route est encore longue. Les définitions problématiques des termes, les débats sur les approches de rétablissement et la façon d'aborder les nuances entre les secteurs PSP ne sont qu'une partie des préoccupations. L'Institut canadien de recherche et de traitement en sécurité publique (ICRTSP) a créé une typologie du soutien par les pairs qui est disponible aux PSP pour améliorer la compréhension et la mise en œuvre dans l'ensemble du continuum des PSP.

My Perspective in Black and Blue

DEVON CLUNIS
Canada's first Black Chief of Police – City of Winnipeg (Ret'd)
& First Inspector General of Policing – Province of Ontario (Ret'd)

Devon Clunis had never seen a Black officer in Winnipeg when he joined the police service in 1987. He quickly realized the emotional trauma of policing knows no colour barriers; everyone has a breaking point. In 1998, Clunis suffered what is now known as PTSD. Given the complete lack of peer support, he received help from his pastor. Wanting to help colleagues experiencing similar mental health issues, Clunis became a police chaplain—a role that resembles what we now call a peer supporter. As Police Chief, starting in 2012, Clunis added an additional wellness officer and strengthened the role of the police psychologist. Now retired, Clunis points out that public faith in policing was broken by the failure of police leadership internationally to immediately denounce the brutality of George Floyd's murder in 2020. In rebuilding this trust, Clunis notes, police must courageously speak the truth.

I vividly remember watching television as a teenager and the emotional and psychological toll on me of the images of young Black men being portrayed as pimps, murderers, absentee fathers, and a host of other socially degraded roles. I knew we were so much more. I desperately wanted to counter that narrative. I was determined never to feed that stereotype, and I resolved never to shy away from speaking and showing my truth. That was the impetus for me to become a police officer in a city where I had never seen a Black officer.

THE EARLY YEARS

When I entered the world of policing in 1987, there was minimal talk about emotional and mental well-being. You were expected to deal with tragic events privately or, at best, at a shift party where we pretended all was well. Whatever personal baggage we brought from our backgrounds was washed away by the flood of common social dysfunctions we all saw all too often. The emotional trauma of policing didn't distinguish between ethnic or social constructs. Everyone felt the pain.

In the summer of 1998, I attended a motor vehicle accident where two preteen girls walking home from the swimming pool on a sunny afternoon had been killed by a drunk driver. I was the primary traffic investigator. For several hours I worked with other officers to map the scene. I felt fine completing that work. That feeling changed when we returned to the office close to midnight. The accused was still being processed.

The arresting officer came out of the interview room exasperated. He told us that the accused showed no concern for the two young girls he had just killed. His sole concern was for himself. In that instant, a flush came over me. I saw myself walking into the interview room, taking out my gun, and putting two rounds into the driver. I told my partner, "We have to leave right now." Surprised by my statement, he asked me, "Why?" "I don't know," I said. "We just have to leave right now." We left the station immediately, got into our cruiser and drove around for the remaining hours of our shift. I didn't say a word that whole time. I had no idea what was happening. Years later, I realized what I had gone through and what the potential impact might have been if not for the wisdom of my wife, Pearlene.

At the end of our shift which concluded at 2:30 AM, I left the station with an overwhelming sense of helplessness. I couldn't bring those two young girls back. I felt the pain and loss of their families. I didn't know what to do. I thought about my own two daughters. I rushed home, went into the room of my 12-year-old and was relieved to see her safe. I didn't expect it to be otherwise but seeing her brought on another wave of emotions. I then went in and checked on my six-year-old daughter and, seeing she was safe too, broke down in tears.

I couldn't stop crying. Rather than disturbing Pearlene, I slept in the spare room. The following morning she and the girls woke up before me. I recall feeling unlike myself. I still didn't know what was wrong. I went to the bathroom, washed my face, and immediately erupted in tears. Pearlene and the girls asked why I was crying. I told them about the accident and continued weeping. After watching this for an uncomfortable period, Pearlene decided to call our pastor who was a good friend. He came over immediately. We talked about what I had experienced and my utter frustration, sense of helplessness, the pain I felt for those two young girls' families and my contempt for the accused.

My pastor said something foundational to how I learned to deal with many seemingly unimaginable trials we face in policing. He said, "Devon, you just have to give that to God." I'm not preaching in this article or saying this is the only way to steady yourself when things seem to be spiralling out of control. This is what worked for me. Many other methods work. I am saying you need to find what works for you. We are all different, but I guarantee there is something that will work for each of us. We have to find a way to settle in our own minds the atrocities we witness; we need to find peace somehow. I returned to work that evening. There was no thought of checking up on us, let alone having an emotional debriefing; it just wasn't done in those days. That event defined how I saw my purpose in policing and how I would go on to care for the emotional and mental well-being of those with whom I served throughout my career.

I became a police chaplain because I wanted to be there for our members. While I honestly felt taking on that role might mean the end of any promotions, caring for the mental well-being of our members was more important to me. I now see it as an early form of peer support. In the tragic aftermath of the attacks on the World Trade Centre in 2001, I was part of a Winnipeg Police Service (WPS) trauma team that went to New York City to provide trauma support to members of the NYPD. I led debriefing sessions as front-line members relived horrific experiences in the minutes and hours following the attacks. Some had been working at ground zero for the preceding three months. Their trauma was simply unlike anything we could have imagined. Their resiliency was profound. Their appreciation of our support solidified my resolve regarding the need to provide for the emotional and mental health of those who serve. I left New York City with a profound commitment to protecting our WPS members' emotional and mental well-being.

RANK HAS ITS PRIVILEGES

I received my first promotion in 2002 and, as I began to climb the ranks, was often asked whether I would continue being a chaplain. My answer was always yes. It was one of the best ways I could care for our members. When I became Chief in 2012, I added an additional wellness officer and provided unyielding support to the police psychologist for our members. How could we possibly expect them to be their best for our citizens if we weren't taking care of their emotional and mental well-being?

For far too long, we have ignored this critical aspect of policing. We forget there is a human heart beneath the badge. We forget that our civilian members share the trauma of the victims they encounter regularly. We forget that the constant onslaught of criticism erodes their psychological and emotional armour and that no matter how hard a person may seem to be, everyone has a breaking point. I fear that the unrelenting pressure of the last three years has caused immeasurable damage to the all-too-human hearts of many in policing. Police officers and civilians who support them are not hardened, unemotional, unfeeling, and impenetrable automatons. They are people. Leaders must remember that.

As they work to protect society in an increasingly callous and unfeeling world, police leaders are responsible for ensuring that the workplace is a safe harbour for emotional and mental well-being. Understand me. I'm not talking about allowing unprofessional conduct to go unaddressed. Rather, I am talking about creating a healthy work environment where people can get help to develop the resilience needed to withstand daily challenges of public safety work.

As I rose through the ranks and found myself in the Chief's chair in 2012, I continued striving to break down the stereotypes of what it means to be a police officer. I gently challenged our sworn and civilian members to reimagine the role that police could play in our city. Winnipeg had been the perennial murder and crime capital of Canada. How could we change that? Crime prevention through social development became our mantra, and members shifted their thinking to holistic approaches supporting community health and well-being. We were embraced as integral partners in a

transformative social experiment. Police became an essential thread in the fabric of our community. The health and well-being of those who served was a primary focus of our leadership as we worked to build trust with those we serve.

BROKEN TRUST

The murder of George Floyd rocked our world. I cried. I couldn't help myself. I cried as a Black man. I cried as a police officer. I cried purely as a member of the human race. My greatest concern was the impact it would have on police officers. We missed a leadership moment. We will continue to pay the price of that missed opportunity for a long time. The challenge of leadership is to meet the moment. Our failure to immediately denounce the brutality of what we all witnessed set us up for the destructive aftermath. It allowed the divide to widen and the mistrust to seep deep into our individual and collective hearts. Trust was lost between police and community, and between police leaders and their members. Trust continues to be eroded on both accounts and wears at the mental health and well-being of those who serve and those being served. But there is hope.

REBUILDING TRUST

Rebuilding trust requires courageous leadership, a willingness to be vulnerable, and transparency. It takes courage to listen and challenge the popular narrative. Leaders must be willing to speak truth to power and even lose their job if that's what it takes to lead the police and community to a place of health. I encourage you to step into the arena and begin to speak your truth. That is your purpose and responsibility as a leader. This is how you help to meet the moment. As a teenager I knew that every Black man was not a criminal. Every Black man was not an absentee father. I forcefully challenged the narrative, and I've been living that counter-narrative my entire life. I also know that every police officer is not what we witnessed in the murder of George Floyd. I know that police officers daily put themselves in harm's way for citizens regardless of ethnicity or social status.

The current negative narrative around policing in Canada has demoralizing impacts on the mental health and well-being of police officers and civilian members, and it is devastating to the social environments in our communities. We need police leaders to be bold and unapologetic about protecting their members' mental health and well-being. Police leaders must speak to the prevailing issues of their time if they hope to leave their organizations and communities better than they found them. These include the erosion of public trust, the misunderstanding of what core policing is, the downloading of social responsibilities onto police, the dehumanization of those who serve, and the increasing polarization of society. These complex issues are the roots of many challenges bringing individuals into conflict with the police resulting in trauma to both police and community. No amount of police training can rectify those.

THE EVIDENCE

After the killing of George Floyd, there were worldwide protests. Cities were on fire in many parts of the United States, and we felt shockwaves in Canada as well. Police officers were ambushed and killed. A general distrust of police spread across the land like an ominous cloud. People felt emboldened to question every police action even if it meant interfering with lawful police activities. Fearful of being further maligned, many leaders remained silent and the gulf widened between police and community. The emotional trauma for those serving grew. It's time to stop the hurting. It's time to take care of your members and the community by standing up for the truth. ■

RÉSUMÉ

My Perspective in Black and Blue

DEVON CLUNIS

Premier chef de police noir de l'histoire du Canada – Ville de Winnipeg (retraité) et Premier inspecteur général des services policiers - Province de l'Ontario (retraité)

Devon Clunis n'avait jamais vu un agent noir à Winnipeg lorsqu'il entre au service de police en 1987. Il réalise vite que le traumatisme émotif du travail policier transcende les barrières de couleur; tout le monde a un point de rupture. En 1998, il atteignit de ce qu'on appelle maintenant le TSPT. Vu l'absence de soutien, il obtint l'aide de son pasteur. Désireux d'aider ses collègues atteints de troubles mentaux similaires, il devient aumônier de police, un rôle semblable à ce qu'on appelle maintenant le soutien par les pairs. Devenu chef de police en 2012, Clunis ajoute un agent de mieux-être et renforce le rôle du psychologue. Maintenant à la retraite, Clunis note que la confiance du public a été ébranlée par l'échec des leaders de la police (au niveau international) en 2020 à dénoncer immédiatement la brutalité du meurtre de George Floyd. Afin de restaurer cette confiance, souligne Clunis, la police doit courageusement dire la vérité.

Hitting the Streets: Starting Out in Emergency Services

BRANDI CHRISMAS

Bearing the brunt of society's failures, frontline police routinely witness human suffering and heartbreak. Organizational factors also play a role: there's no time for a formal lunch break let alone debriefing. Pack your stress up; you can't bring it home to family. People become police officers specifically to help and defend society's most vulnerable, but those arrested, as well as bystanders, can be hateful; this negative regard also takes a toll. Brandi Chrismas suggests that awareness and help tools such as mindfulness, self-compassion, and peer support are key. Remaining largely informal, however, peer support can leave recruits yearning achingly for the same composure and fearlessness they see in the more experienced officers.

Currently in my second year as a Constable with the Winnipeg Police Service (WPS), I am following in the footsteps of my father, a Staff Sergeant in his 34th year with the same agency. I had thought my life and work experience prepared me well for the challenges of policing, but I now realize officers confront many situations that take them beyond the realm of normal experience. Now in the field, I can understand how these (daily) traumas could build up and cause problems for some officers.

Before policing, I worked for the Winnipeg Parking Authority for two years. There, I dealt with all manner of expressions of hate from people angry about their parking tickets or cars being towed. Experiencing hate was a type of exposure I thought had prepared me for policing, but my eyes are still being opened to many aspects of my chosen profession.

Next, I worked as an Auxiliary Force Police Cadet with the WPS, I enforced by-laws such as the Highway Traffic Act and Mental Health Act, directing traffic, guarding crime scenes, and detaining intoxicated people for their own well-being. These roles gave me experience interacting with the public in good and bad scenarios. Not a lot of people enjoy going to the drunk tank, so I was often in the position of having to de-escalate heated situations with the public.

Recruit class training aims to prepare us to handle *almost* any situation. There are often situations and things that I am not expecting or ready for, and this can weigh heavily on the emotions. Some tasks, for example, involve having to manage difficult and heartbreaking circumstances. My job is to stay professional and stoic—to not show emotion. To express myself and become emotional on a service call would be unprofessional; so, like emergency responders, I push the feelings down – I suppress them. I often feel the emotions but have to stow them away, and possibly unpack them later.

Sometimes we just don't get around to debriefing our feelings because it is always on to the next call for service. Most organizations do not have formal processes for debriefing except after incidents deemed horrific. Often, it is one call after another all day long, and then time to go home. We have little or no time for a break, never mind lunch. It is difficult for dispatchers, and for us, to take a formal lunch break while high priority calls are awaiting dispatch; and there is always a backlog of calls. So, we go from call to call, and don't take much time to debrief in between. I certainly do not want to bring work home with me, so the feelings just stay inside.

Once, for example, I was notifying a family of another family member passing away. These 'service calls' are especially difficult as it is easy to put yourself in their shoes and experience what they are feeling as you tell them a loved one is dead. This one "notification" was particularly

difficult because the next of kin was someone who did not want to speak to police. After searching and making multiple phone calls, my partner and I were able to locate the brother of the deceased by phone. We explained what had happened and why we had hoped to speak with him in person, and we could tell he was very obviously distressed and devastated by the news. All I could think about was what if I were receiving the news of my brother passing away? I would be an emotional wreck.

Notifications such as these are never easy, but I try to empathize and show the compassion and respect I would want to see if it were me on the receiving end. The challenge, as I see it, is to remain compassionate and caring while also maintaining composure and effectiveness, in order to do what needs to be done and help people through their crisis. If I were to break down and cry, it would not help the situation. I want to be caring and understanding; but the more I open up my own emotions, the more vulnerable I am. I see this as a challenge that ebbs and flows for all emergency service providers throughout their service careers.

First responders endure the most terrible and difficult situations experienced by humanity and will often encounter individual people who are, quite possibly, having the worst day of their lives. As my father, the Staff Sergeant, has said: "we deal with people at their baddest, maddest, and saddest." (Personal Communication, Bob Chrismas, 2022). First responders experience many situations together, yet the impact on each individual will be unique. Most working in the frontline are exposed to potentially shocking situations multiple times on any given workday.

Something else I was not expecting in my first year of policing was the degree of professionalism maintained at all times by co-workers who have been on the job as police constables for 10, 15 or 20 years. I still get nervous or have some fear of the unknown, of what might happen at the next service call, but officers with more experience always remain so cool. This reminds us all to try and be relaxed and professional.

On the other hand, I've also noticed that such colleagues often seem to go into scary situations with no apparent fear, just preparedness and confidence, which makes me wonder if it's normal to become so used to running towards violence, conflict and discord that you don't feel any fear? I guess it is conditioning, and I can feel the urge within myself to be transformed. Those feelings must go somewhere.

Officers going through tough times, emotionally, can find it difficult to seek formal help; not because help isn't readily available but because seeking it can result in stigma. Seeking help is still seen by many as a show of weakness. It's true that police officers must remain strong to fulfill their roles and assist the public, even if they are unsettled deep down. We are always cognizant of the need to maintain our composure and professionalism at calls, otherwise how can we help others? Officers may feel apprehension, the worry that seeking help may label them as broken or result in reassignment or having their firearm taken away. No police officer wants that to happen, because they signed on and trained for years to serve the public.

Officers must keep in mind that the frontline bears the brunt of society's failures, including the longstanding lack of appropriate mental health supports across Canadian society and also the much-discussed stigma that keeps citizens from reaching out for help. I have now come to realize that police officers are privileged to have the authority and tools to help and defend vulnerable people of society but not everyone appreciates our efforts. For every victim we help and protect, there is likely a person arrested who now hates us.

Recently, I responded to a call in which a teenage girl had overdosed on methamphetamines. I was able to react quickly and effectively as I provided three doses of Narcan and performed CPR, successfully reviving her. I saved this girl's life but she, realizing what was going on, became belligerent and rude to me and my colleagues. I thought, how could you be upset with us when we just saved your life? This was something I didn't expect and was not prepared for. Perhaps her behavior was based in a deep distrust in police for a variety of reasons and/or related to the drugs she had taken.

In my graduate studies for a Master of Peace and Conflict Studies degree, I am learning conflict resolution and mediation skills, which assist me in my police duties. I am also learning about occupational stressors, trauma, mindfulness, and self-compassion. Mindfulness is the non-judgmental awareness of stressors and "paying attention on purpose" to the present moment

(Kabat Zinn, 1990). Self-compassion, to me, is self-care and awareness. It is complex but encompasses recognizing and understanding one's own suffering and being able to recognize yourself as a part of humanity (Neff, 2003). Mindfulness and self-compassion are critical to the mental health of first responders and would be an effective addition to police training (Brandi Chrismas, 2022). Boyce (2020) described the importance of learning how operational stressors and trauma can affect the "human beings behind the badge," which I believe is often not considered.

As I carry on with my chosen career in emergency services, I feel it is important to be aware that, just as with any career, there will be hard times and there will be good times. I believe that an awareness of this is the first step for first responders in coping with stress and heartbreak over the long haul. As well, the concepts of mindfulness, self-compassion, and peer support can lead to a positive path for dealing with occupational stressors and issues related to mental health among emergency responders. ■

CHANGING THE GUARD: PROUD FATHER AT DAUGHTER'S RECRUIT CLASS GRADUATION
Staff Sergeant Dr. Robert Chrismas
& Constable Brandi Chrismas, MA (2023)

REFERENCES

Boyce, B. (June 09, 2020). 7 Ways Mindfulness Could Support Compassionate Policing. Mindful. **www.mindful.org/7-ways-mindfulness-can-support-compassionate-policing/**

Chrismas, Bob. (August 2022). Personal Communication.

Chrismas, Brandi. (2022). Self-Compassion and Mindfulness in Policing. *JUSTICE Report 37*(4): 30-35. (Wright, N., Ed.). Young Researcher Contributions. Ottawa: Canadian Criminal Justice Association (CCJA). **www.ccja-acjp.ca/pub/en/justice-report/**

Kabat-Zinn, J. (1990). Full catastrophe living: Using the wisdom of your body and mind to face stress, pain and illness. (15th anniversary ed.). New York: Delta

Trade Paperback/Bantam Dell.Neff, K. (2003). Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself. *Self and Identity 2*(2): 85–101. doi.org/10.1080/15298860309032

RÉSUMÉ

Hitting the Streets: Starting Out in Emergency Services

BRANDI CHRISMAS

Subissant le poids des échecs de la société, les officiers sont témoins de la souffrance et du chagrin. Les facteurs organisationnels jouent également un rôle : il n'y a pas de temps pour une pause-repas officielle, sans parler d'un débriefing. Range-le ton stress, ramène-le pas à la famille. On devient policier surtout pour aider et défendre les plus vulnérables, mais ceux arrêtés et des spectateurs peuvent être haineuses ; ce regard négatif peut faire de la peine. Brandi Chrismas suggère que la sensibilisation, compassion de soi, et le soutien des pairs sont clés. Toutefois, le soutien par les pairs, en grande partie informel, peut laisser les recrues avec un désir ardent pour le même calme et manque de peur que des officiers plus expérimentés.

University of Regina

CIPSRT
Canadian Institute for Public Safety Research and Treatment

ICRTSP
Institut canadien de recherche et de traitement en sécurité publique

RESEARCH THAT HAS IMPACT | UNE ÉTUDE QUI A DE L'IMPACT

EVALUATING WELLNESS PRODUCTS AND SERVICES INTENDED FOR PUBLIC SAFETY PERSONNEL

Created by the Canadian Association of Chiefs of Police Psychological Services Subcommittee and Adapted with Permission for CIPSRT Dissemination

ÉVALUER LES OFFRES SERVICES DE MIEUX-ÊTRE À L'INTENTION DU PERSONNEL DE LA SÉCURITÉ PUBLIQUE

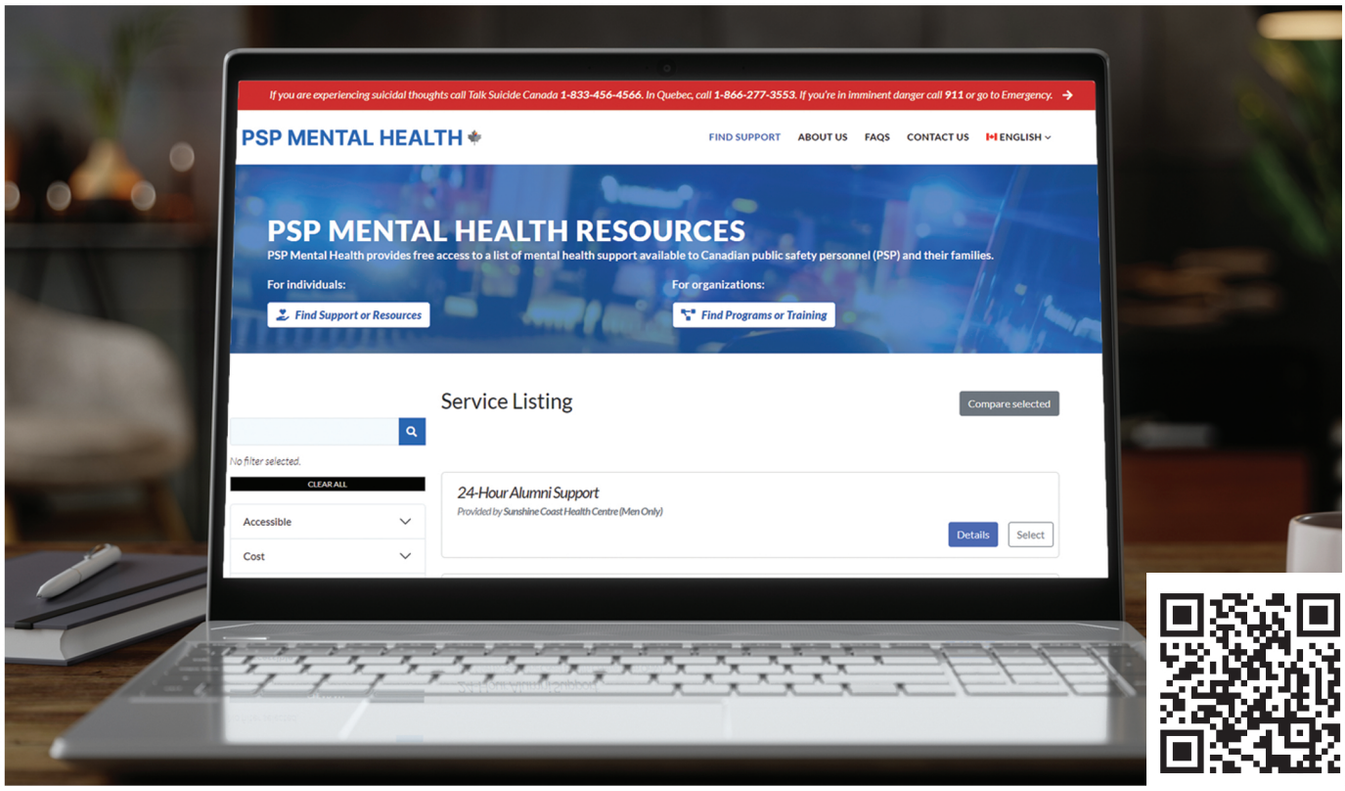
Créé par le sous-comité de services psychologiques de l'Association canadienne des chefs de police et adapté avec autorisation à des fins de diffusion par l'ICRTSP

Visit us by scanning the QR code, or at **cipsrt-icrtsp.ca** | Visitez-nous en scannant le code QR ou en vous rendant à **cipsrt-icrtsp.ca**

COMING SOON: the new PSPMENTALHEALTH.CA

DISPONIBLE BIENTÔT: le tout nouveau site PSPMENTALHEALTH.CA/FR

A new user interface and expanded service information is now live at **pspmentalhealth.ca**. Visit the new website today! | Une nouvelle interface utilisateur et des renseignements plus détaillés sur les services sont maintenant accessibles à **pspmentalhealth.ca/fr**. Visitez le nouveau site Web dès aujourd'hui!



JUSTICE

Vol.38 **ACTUALITÉS - REPORT** No.2

CANADIAN CRIMINAL JUSTICE ASSOCIATION - ASSOCIATION CANADIENNE DE JUSTICE PÉNALE

PEER SUPPORT BY & FOR CANADIAN PUBLIC SAFETY PERSONNEL (PSP)

GUEST EDITOR - STAFF SERGEANT DR. ROBERT (BOB) CHRISMAS

CIPSRT | ICRTSP

University of Regina

Canadian Institute for Pandemic Health Education and Response

CIPHER ICEISP

Institut canadien d'éducation et d'intervention en santé en cas de pandémie

PeerOnCall

McMaster University

LAURIER Inspiring Lives.

Western UNIVERSITY · CANADA

MEMORIAL UNIVERSITY